



# Enter & View Report

Aaron Court Care Home

19 February 2019

# Report Details

## Details of visit

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| <b>Service Address</b>                                  | Ramsey Way, Scraptoft, Leicester. LE5 1SJ                               |
| <b>Service Provider</b>                                 | Abbey Healthcare  |
| <b>Date and Time</b>                                    | 25 <sup>th</sup> February 2019 10am - 1pm                               |
| <b>Authorised Representatives undertaking the visit</b> | Margaret Bellamy, Kim Marshall-Nicols, Ana Goncalves and Bryonie Mellor |

## Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View programme.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester & Healthwatch Leicestershire.

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## Purpose of visit

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Healthwatch and Independent Age, a national charity, have developed a set of eight Quality Indicators for care homes, listed below. We were interested especially in indicators 4,5 and 6 of these quality indicators, which are in bold:

A good care home should

1. have strong, visible management.
2. have staff with time and skills to do their jobs.
3. have good knowledge of each individual resident, their needs and how their needs may be changing.
4. **offer a varied programme of activities.**
5. **offer quality, choice and flexibility around food and mealtimes.**
6. **ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.**
7. accommodate residents personal, cultural and lifestyle needs.
8. be an open environment where feedback is actively sought and used.

*For further information: [www.independentage.org/policy-and-research/our-8-care-home-quality-indicators](http://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators)*

## Methodology

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked)

- attend and make observations.
- where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- speak to staff about training, turnover, support and staff levels.
- observe interactions between residents, staff, manager and visitors

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## Observations & Findings

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### EXTERNAL

The home was purpose opened in 2014 and looks well kept. The outside area has courtyards and grassy areas, there is adequate parking.



### INTERNAL

There is a large entrance hall which was clean and tidy. It had a bar which the residents can use on a Thursday evening. There was aboard with some pictures of the staff but not all. We were told that a resident had removed many of the photos.

The home is on 4 floors and has two lifts, one of which was out of action at our visit. The manager told us that they were waiting for spare parts to arrive.



There are a number of lounges and sitting areas available, on the ground floor was a cinema room. Every floor had its own eating area. The hairdressing room was large and very clean. Everywhere was clean and tidy with high quality furniture. We were told that residents can have their rooms decorated to their own personal choice.

Married couples are given two rooms, one to be used as a lounge.

### RESIDENTS

The home has capacity for 91 people and currently has 66

The floors are divided according to the needs of the residents

Lower ground floor: residential with 30 beds

Ground floor: nursing residential

First floor: nursing dementia

Second floor: residential dementia

## STAFF NUMBERS

The home currently has vacancies for staff and uses agency staff.

Two residents told us that there is a high turnover of staff and they attributed this to the staff being over worked.

Staff numbers per floor vary as to the needs of the residents on each floor.

Senior care workers cover two floors. One member of staff working on the ground floor said that it frequently had only two staff on duty and that she had worked one shift on her own, having to ask for help from another floor to move some people. The top two floors have more staff.

## QUALITY INDICATORS

### 1. MANAGEMENT

We met with the manager and the Regional Manager for Abbey Health.

The home is currently being regularly reviewed by Leicester City Council following from a recent CQC inspection.

We spoke to two members of staff who had both been at the home for about 8 months. One had started the online training package but the other one had not received her PIN so couldn't access it.

The manager had held a meeting with relatives of the residents to discuss forthcoming improvement plans. We were told by one relative who attended the meeting, that they felt that nothing had been done to actually implement any of it.

One member of staff said that the home does not have a sickness policy which they felt let the staff and the home down and results in instances of understaffing.

One relative had recently been on holiday and on return had been told by another member of the family that there had been a problem with his mother's medicines while he was away. He hadn't had a chance to discuss it with the manager.

### 2. STAFF SKILLS

We spoke to a member of staff who is a maintenance worker. He told us that he is really happy working at Aaron Court, loves his job. When asked, he stated that he interacts daily with residents but has not had any training other than courses applicable to maintenance work e.g. building regulations and moving and handling.

A staff member who works in the laundry advised that she also interacts with residents on a daily basis but had not received any formal training in respect of working with older or vulnerable people.

We spoke to staff who shared their concerns, which included:

- the home being understaffed which does not allow staff to perform their duties adequately, working on their own, including when moving residents (who should only be moved by two members of staff).
- lists of allocated staff for each day posted on doors which do not accurately reflect staff numbers.
- working through lunch breaks, although deducted half an hour's pay for the break -staff's own health issues not adequately dealt with.

We were told by a relative who goes in every day to sit with their partner that they do so as they feel the resident doesn't get the care which they need, and the care log indicated the resident had, on several days, been taken into the dining room for breakfast before 7am, on one occasion it was 6am.

We witnessed Two staff employed on one of the dementia floors discuss a resident's toilet needs (graphically) in the presence of the resident.

### 3. KNOWLEDGE OF EACH RESIDENT AND THEIR NEEDS

A member of domestic staff said that she enjoys speaking with the residents and advised that sometimes they are the only person to have spoken with some residents all day as care staff were "too busy", this appeared to be the normal situation.

We saw the staff spoke speak to residents in a friendly manner.

One resident complained that the agency staff didn't know her needs and had hurt her when treating her eyes.

Another resident said: "The staff don't seem to be very involved with us".

Most residents had a photo of themselves their room door and brief details of who they were and what they liked. On the top two floors all residents had a named key worker.

#### 4. MEANINGFUL ACTIVITIES

There were various activity boards across all floors, however no activities were observed whilst we were present.

We spoke with four residents who were sitting watching television in one of the lounge areas. When asked if they were happy living at Aaron Court, three of the residents immediately gave negative feedback, primarily regarding a lack of opportunities for activities. One of the residents told us they do nothing all day and never get taken outside for a walk. On the day of our visit, it was a clear, sunny day, and the resident intimated that she would particularly have liked going for a walk considering how nice the weather was. Another resident stated that she would love to go for walks but said that she is left to watch television all day and that she did not like this. Two of the residents stated that they knew there was a member of staff in the home who would deliver activities but said that this does not happen enough. They also said that on-the-whole, they do not get the opportunity to give suggestions for activities. Two of the residents stated that they often feel lonely. Before leaving the lounge, one of the residents who had reported that she gets bored, was overheard saying to another resident she had really enjoyed speaking to Healthwatch staff because it was nice to have new people to talk to.

We spoke with a resident being visited by a relative in their room. The relative stated that the resident does join in with activities but there were not enough opportunities to do this. When asked if the resident ever goes outside of the home, the relative said staff had not taken the resident out for around six months. The relative added that family members do take the resident out but voiced concern that not all residents have visitors and that they therefore “do not get to go out at all”.

We visited another of the lounge areas and spoke to three residents. When asked about activities, one of the residents said that she rarely gets the opportunity to engage in activities, stating that she could not remember the last time she got to do any and that she is not asked for her opinion of what activities she would like to be delivered. She stated that she is ‘fed up’ of sitting in the lounge.

We discussed what the residents do on a daily basis, we were told it comprises of getting up, eating meals, and going to bed. We were told that in between these times, residents sit in the lounge and watch the television. We were told that residents do not choose which channel to watch as this is done by staff. A resident said that before moving to Aaron Court, they liked to do things with their hands, but they do not really get a chance to do this anymore. They added that there is

no encouragement by the staff to engage in activities. We drew attention to a bookcase in the lounge area, we were told by a resident that although they enjoyed reading in the past, they have not picked up a book since moving into the home. The resident said that they would probably begin reading again if encouraged to do so.

## 5. CATERING

Two residents told us that on the previous Saturday, there had not been a chef onsite and that the home had decided to order fish and chips for all residents. Both residents stated that they do not like fish and chips and that they were not happy with the alternative offered.

One resident told us that the food provided is often not hot enough. However, when asked, she said that she had never requested for her meal to be heated up.

A member of staff said that there are usually two choices on the menu for the main meal. She stated that this is often either red meat or a vegetarian option. She advised that there is one resident who does not like either and will very often eat a baked potato as this is the only option available to her.

The home's Manager had informed us that each floor has a small kitchenette which is available for residents to use. When discussing this with one resident, they had no knowledge of this being available and they would enjoy making her own drinks given the opportunity.

Two residents referred to the available meals as being either 'good' or 'quite good'.

The Manager told us they had introduced a new menu in January, after consultation with the residents but as several had subsequently complained about it, she and the chef were looking at modifying it.

None of the staff that we observed in the dining areas were wearing aprons or gloves.

One resident mentioned that there weren't any puddings supplied suitable for a diabetic.

## 6. RESIDENTS PERSONAL, CULTURAL AND LIFESTYLE NEEDS

One of the residents said that they like Christmas but feel that there is no real effort made by the home to make it special: "We don't do anything in particular, it's just the same wheel going around".



One resident said that their birthday is not recognised in any way by the home. They said that there is no attempt to celebrate it and that they are never wished a happy birthday, which upsets them.

One resident stated that they were 'dying to get outside' but felt that as a wheelchair user, they do not get the opportunity to be taken out.

## 7.ACCESS TO HEALTH SERVICES

The Manager reported that the home uses 4 GP practices locally as many residents come from the area and stay with their own GP, a chiropodist comes in every six weeks. They use a dental practice on Netherhall Road, but staff said this is very difficult to access with some of the residents. The manager reported difficulty in accessing dental care for the residents. In addition to the difficulty of getting a dental appointment, due to the limited mobility of many of the residents, visiting a surgery is highly problematic. She advised that a visiting dentist would be ideal but there is no such service in Leicester or Leicestershire.

## 8. FEEDBACK IS ACTIVELY SOUGHT AND USED

Seven of the residents we spoke to stated that they are not encouraged to make suggestions for activities.

One member of staff said that when residents have a complaint, they are ignored. We were also told that although there were residents' meetings, no action came out of them.

One relative told us that their complaints were not addressed.

## ADDDITIONAL FINDINGS

Of the residents to whom we spoke on the lower two floors most of them hadn't settled in the home, even one who had been there for over year.

The residents appreciated the staff but said that they were very busy and didn't always respond quickly to their needs.

One resident complained that they did not get their own "good" clothes back from the laundry. They had complained but nothing had been done.

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## Recommendations

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**Our observations and what we understood from residents, family and staff mean that we have concerns for the quality of life of residents of Aaron Court. We would therefore recommend that:**

1. Staffing levels are reviewed, to ensure safety of the residents, especially on the lower two floors.
2. Attention is given to regular daily activities and special events (such as birthdays, Christmas and other holidays) to improve stimulation and quality of life of residents
3. Catering is improved, including choices reflecting residents' preferences.
4. Suggestions and concerns raised by residents and their families are given proper consideration, acted on where possible, and reported back to those raising them.
5. Ensure that appropriate training is provided for all staff, including non-care staff.

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## Service provider response

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Whilst appreciating that you base the report on what people actually tell you, it was disappointing that some of the comments did not represent fact especially from some of the staff members. Managers are working hard to improve staff morale and team work to overcome some of the negative attitudes of a minority of staff.

Please see below our comments in respect of the report following your visit to Aaron Court on 25/02/19

Page 1 paragraph 2 Internal: Bar night is usually Friday night not Thursday night and it is also used for events including anniversaries, birthdays and celebrating national days etc

The staff picture board has been removed as was already planned prior to your visit as it had not worked out as intended. We are looking at other ways to display details of key staff.

The lift that was awaiting repair has now been fixed and in full working order.

Page 1 paragraph 3 RESIDENTS: Lower ground floor does not have 30 beds, it has only 13 beds.

Page 1 paragraph 4: turnover of staff. The home has recently recruited several new staff including care team leaders, activities staff and 2 new chefs. It is not common practice that senior staff cover 2 floors, this only ever happened under exceptional circumstances where 1 senior member of staff has been absent at short notice, and until alternative cover arranged. We absolutely refute that there has ever been a situation where only 2 staff on the ground floor or anyone had to work alone. There are usually a minimum of 7 staff during the day on this floor. There are occasions where we have to use some agency staff to maintain our staffing levels.

Page 2 paragraph 1 MANAGEMENT: LCC have been visiting the home regularly following their own quality inspection, not as a result of the CQC inspection last year.

All of the staff now have log in details to enable them to access the elearning system.

The meetings with relatives as referred to in the report had only taken place on 13 and 14 February 2019, 10 days prior to the visit. This had not given any time to implement what was discussed.

It is factually incorrect that the home does not have a sickness policy. Managers have been actively dealing with staff who are regularly absent and there has been a significant improvement over the last few weeks.

Page 2 paragraph 2 STAFF SKILLS. It is not correct that the maintenance person and laundry staff had not received formal training in respect of working with older or vulnerable people. All staff are required to complete mandatory training at start of employment with annual refreshers, including key areas such as safeguarding. Both these 2 staff members had completed this training at the time of your visit.

There had been an issue with staff allocations not being accurate alongside the duty rota, however this had already been addressed by senior management and the issue resolved. The Company strongly refutes that staff do not receive the breaks that they are entitled to. Staff breaks are allocated daily by the person in charge on each unit. Staff are not allowed to take their breaks at peak times of activity including residents meal times, and cannot take breaks together on the same floor as this would not be safe.

Staff have all been reminded of confidentiality and NOT to discuss residents care needs in the presence of others. This is being closely monitored.

Page 2 paragraph 6 KNOWLEDGE OF EACH RESIDENT. We would strongly refute the comment by the domestic staff that they are the only ones who speak to residents all day. There are between 25 and 30 staff in the home every day of the week

delivering all kinds of care from intimate personal care to assisting with food/drink, engaging in social activities etc. The report itself makes several references to yourselves having seen staff speak to residents in a friendly manner.

Page 3 MEANINGFUL ACTIVITIES; This is an area that we had already identified for improvement. Since the visit we have taken on another activity staff member and we are currently reviewing the activities programme to ensure it is better suited to individual needs. This includes plans for more outings now the nicer weather is approaching. This is one of our key focus areas.

Page 4 paragraph 2 CATERING: The weekend in question, the chef planned to work the weekend was not able to work and the manager herself ended up having to cook as could not get any other cover. This was very short notice and as an emergency response those that didn't require specialist diets did have fish and chips from the local shop. It was a one off unique situation that overall was managed very well and the majority of residents said they really enjoyed it, as a bit of a change.

We now have new menus that have been received very positively, these include 2 choices of main meal, plus vegetarian options available along with specific specialist diets. There are always several options available throughout the day.

Page 4 paragraph 6, we are surprised by the comment that birthdays aren't celebrated as this is untrue. The kitchen has a list of residents birthdays and a cake is always provided and staff sing 'happy birthday' etc. Special birthdays and anniversaries are also celebrated including family members attending.

PAGE 5 paragraph 2 FEEDBACK. There is a suggestions box in reception. A resident survey too place earlier in the year, results will be collated and feedback provided. The new manager had met with several residents and families to address any outstanding complaints to everyone satisfaction and to ensure a proactive approach.

There has been a significant amount of work undertaken over recent weeks to make the necessary improvements including staff recruitment, staff skill mix, staff training and supervisions, provision of activities and standard of catering.

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## Distribution

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The report is to be distributed to the following:

Aaron Court Care Home

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

West Leicestershire Clinical Commissioning Group (WLCCG)

NHS England (Leicestershire and Lincolnshire) Local Area Team

Healthwatch England and the local Healthwatch Network

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