



Enter and View visit to Adel Manor Care Centre

January 2024

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Summary

Introduction

Healthwatch Leeds carried out an announced Enter and View visit to Adel Manor Care Centre on 29th January 2024. The visit was part of a planned series of visits to care homes in Leeds, prompted by feedback from Leeds City Council, Care Quality Commission and members of the public. From both postal surveys and speaking to residents and relatives during our visit, we received 45 responses, from a total of 31 people currently living at the care home and 14 relatives. We also spoke to the registered manager, who has been in post since July 2023. Although only in post a short time, it was evident from feedback that she is approachable and responsive and that changes have been made which have started to improve people's experiences of care.

Key findings

1. The care home is newly built and has lots of communal areas furnished to a high standard, big windows and plenty of natural light creating a spacious and calm living environment. Outside, there is a large well-maintained courtyard garden to which most rooms on the ground floor had direct access.
2. The majority of people who were able to share their views said staff were respectful and that they or their relative felt safe at Adel Manor.
3. The majority of respondents said that there was variability in how caring they felt staff were with a lack of consistency between different staff. People talked about differences in staff attitudes and staffing levels affecting quality and timeliness of care.

4. Although the majority of people (89%) who were able to answer the question said that care met their needs, four people said that it didn't. This was due to time taken to respond to care needs, high turnover of staff and bathing and showering not always happening when it should. Several people mentioned that it sometimes took over 10 minutes to answer the call bell. All respondents said they or their relative were supported to be as independent as they wanted to be.
5. Eight respondents (18%) said that they felt that care was better during the week due to lower staffing levels in the evening and because managers weren't there at weekends. Some people said that it took longer on evenings and weekends to get the care they need.
6. There was mixed feedback about the activities on offer. There was positive feedback about the trips out, but other feedback suggested that activities didn't cater for all residents' needs, especially those with dementia or who were unable to join in group activities.
7. People on the intermediate care floor generally said they felt they were able to exercise choice in their daily routine more often, mainly because they said they were able to do more things independently. On the residential, nursing and dementia floors comments indicated that preferences about daily routine weren't consistently met.
8. There were mixed views as to how the home responded to people's cultural needs. Some people weren't sure what was available and said there was a lack of follow up in terms of meeting needs. Although there was a visiting vicar, it was unclear as to whether needs of other cultures and religions were routinely followed up.
9. Only five people (15%) said they had been involved in reviewing their or their relative's care via their care plan. Of these, three said that it had only happened because they had requested it.
10. There was good awareness of the ways people could share their feedback, either by the regular relatives' and residents' meetings or directly with the manager.

11. The majority of people said they knew how to raise a concern or complaint and would feel comfortable doing so. Feedback indicated that the home had been responsive when people had raised concerns.
12. Although we didn't specifically ask about food, quality and choice of food was an issue that we received many comments about, the majority of which were negative. People reported that food was sometimes cold, poor quality and didn't always meet dietary requirements.
13. Conversations with the manager indicated that the care home had systems in place that was helping them to meet the Accessible Information Standard (see Appendix 1). In the displays around the home, we observed variability in terms of accessibility due to font size and use of pictures.

Key recommendations

1. Look at what can be put in place to help create a compassionate culture where residents feel that all staff are caring, and staff want to stay in their roles. This could for example be around recruitment processes, training, team building, or celebrating good care.
2. Continue to monitor call bell response times, particularly on evenings and weekends and take action to address any concerns highlighted. Ensure regular monitoring to check that call bells are left within reach.
3. Review the range of activities on offer in relation to people's needs and interests, particularly considering the needs of people with dementia and those who may not be able to participate in group activities.

4. Review systems for documenting, communicating and acting on people's cultural and religious needs so that these are more consistently communicated and met.
5. Ensure that residents and/or their family members understand what a care plan is and where appropriate are routinely invited to be involved in reviews.
6. Improve the choice and nutrition of food offered. This could include seeking feedback from residents as well as getting nutritional advice.

Background

Adel Manor Care Centre is situated in the Adel area of Leeds and provides accommodation for up to 74 older people who require nursing, residential or dementia care. The care home has been open since April 2022. There has been a high turnover of registered managers with the current manager being the fourth person in that role, having been in post since July 2023. At the time of the visit, there were 37 residents in receipt of nursing, residential or dementia care. The first floor was being used to provide intermediate care to 30 people. Intermediate care is a type of rehabilitation support that people can receive for a short while to help them do things by themselves again. This is usually following a stay in hospital but can also be offered to people to help them avoid a hospital admission or move into a care home.

Why we did it

As part of Healthwatch's role, we have a statutory right to Enter and View publicly funded NHS and adult social care services, in order to get the views of people using their services and their relatives/carers. The visit to this care home, was part of a planned series of visits to care homes in Leeds and had been prompted by feedback we had received from Leeds City Council, Care Quality Commission and members of the public. The Care Quality Commission carried out its first inspection of the home in January 2024 just prior to our visit enabling us to share our findings with them prior to their report being published.

What we did

This was an announced Enter and View visit that took place in the afternoon of 29th January 2024 for a 2-hour period. Prior to the visit we left surveys at the home to be posted out to all relatives. The surveys were put into envelopes and included a freepost envelope for returning directly to Healthwatch Leeds.

A team of four volunteers and four Healthwatch staff members carried out the visit. We spoke to residents and relatives on the day and carried out observations around the home. We also spoke to the registered manager.

The survey and the observations focused on five key areas:

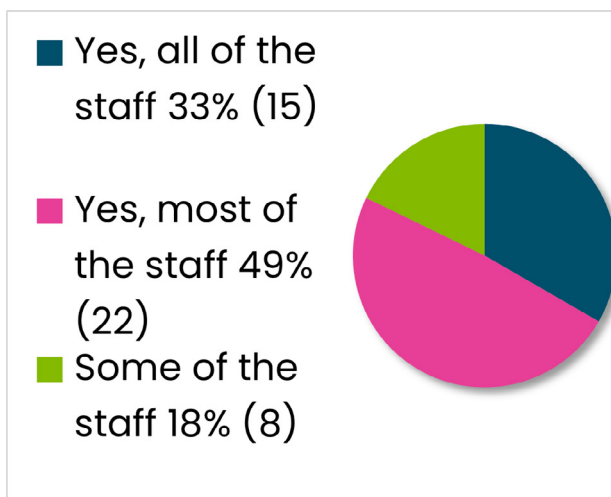
- Quality of care
- Activities
- Choice and involvement in care
- Opportunities to give feedback
- Living environment
- Accessibility of information

We received a total of 45 responses to the survey of which 33 (20 residents and 13 friends/relatives) were regarding the residential, dementia and nursing floors and 12 (11 people in receipt of care, one relative) were regarding the intermediate care floor.

What we found

Quality of care

Do you think staff at the care home are caring?



The responses to this question showed that the majority of people found variability in how caring staff were, with only 15 (33%) respondents said that they felt that all staff were caring.



“Some of the staff really listen and understand my relative’s needs. Others seem to want to do their job as quickly as possible.”

“A few seem less committed and/or less caring. Care provision details can be/and are sometimes missed.”

“Some staff go above and beyond, but others don’t talk and seem like they can’t wait to leave your room.”

On the positive side, staff were described by residents and relatives as “nice”, “kind”, “caring”, “friendly” “approachable”, “respectful”, “understanding”, and “helpful”.



“All the staff I have spoken to seem to be really caring and respectful of the dementia residents.”

“Approachable, kind, from management to carers to kitchen team and cleaners.”

On the other hand, reasons given for variability in experience of caring staff were that staffing levels sometimes impacted the quality and timeliness of care, particularly at weekends; staff were not always attentive, or acting on people’s preferences, at times appearing “indifferent”.



“They vary. I can sit here from now till 8 o’clock and not see anybody.”

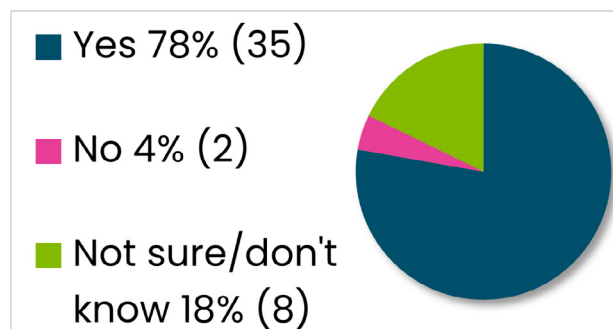


“They’re not always attentive, they spend a lot of time on their phones looking at care documents.”

“Varies because when they first opened there were more carers. Then opened upstairs and felt like there were less staff and the quality of care had reduced.”

“Sometimes she feels ignored and not listened to. She is frustrated by time scales.”

Do you or your relative/friend always feel safe living at the care home?

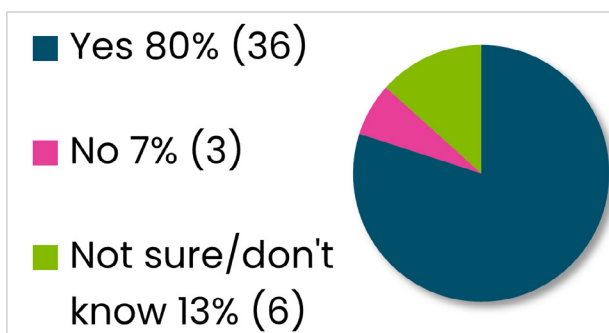


The majority of people who were able to answer this question (35 out of 37) said that they did feel safe. Of the two people who said they or their relative didn't feel safe, one prompted us to raise a safeguarding concern. This was discussed with the home manager who was already aware. She told us that she had asked the person for information to investigate further but as this was not supplied following repeated requests, further investigation was not possible. The other feedback related to the person feeling that there was not enough attention from care staff.



“Sometimes [my relative] feels lonely at night and receives no visit during the night when they feel in pain.”

Do staff always treat you/your relative with respect?



The majority of people who were able to answer (36 out of 39, 92%) said they felt that staff always treated them or their relative with respect. This included things like respecting privacy, knocking on the door before entering their room, addressing people politely and calling people by their preferred name.



“Staff do usually knock when I'm there visiting. I like the system of the green light over the door to say that they are attending to care if I arrive, and the door is closed.”

The three people who responded 'no', gave the following reasons for their answer.



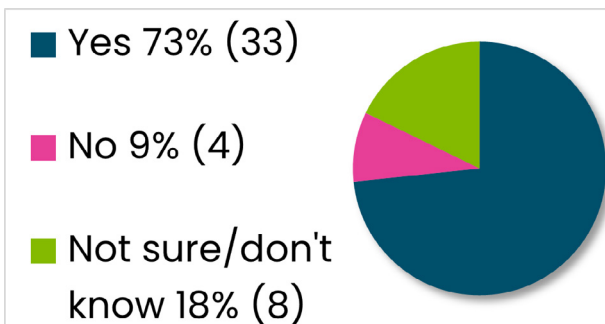
“Personal care not always provided on time.... staff have no time to give me a shower.”



“Staff don’t always take the time to chat to my relative. My relative finds some of them difficult to understand.”

“Staff don’t always listen to residents and respond to their needs which is disappointing.”

Do you think the care meets your needs (or those of your friend/relative)?



“All my needs are met, and they give my medication.”

Despite the majority of people saying that the care met their needs (33 out of 37, 89% who were able to answer the question), a significant number of people who responded ‘yes’, also went on to describe variability and problems with the care they received.



“Some days care is good, some days not so good.”

Several people described the time taken to respond to their care needs, one person saying it had resulted in them wetting themselves.



“They’ll do anything I ask them, how long it takes is another story. You might ask for care, but you can sit here for 30 minutes.”

Others described bathing and showering not happening as often as it should.



“Getting showered is a bit of a problem. I have to ask, except when one particular carer is working who always showers me.”

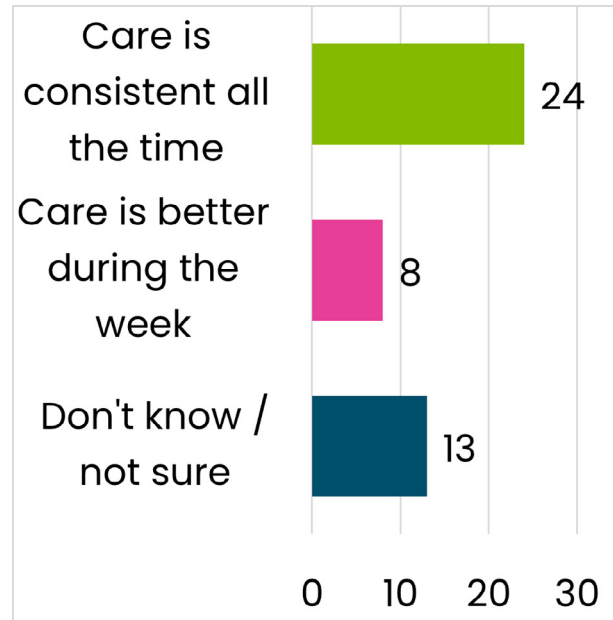
On the intermediate care floor, someone talked about variation in terms of rehabilitation.



“Most of the time, but too often [my relative] is allowed not to exercise/ wear compression stockings when these things they are essential for her rehabilitation.”

During our afternoon visit, everyone on the residential, nursing and dementia floors were dressed and appeared clean and well cared for, even those who were resting in their rooms. On the first floor (intermediate care) however, some people who were resting in bed were still in their night clothes.

How do you think care during the week compares with evenings and weekends?



Eight respondents (18%) said that they felt that care was better during the week. They said that they thought this was due to lower staffing levels in the evening and because mangers weren't there at weekends. Some people said that it took longer on evenings and weekends to get the care they need.



“At night there is only two carers to look after 24-27 residents. Two carers taken up with one resident leaves no one to care for the other 22-25 residents.”

The registered manager told us that there is a nurse and two carers on a night shift providing care for 26 residents. She said that dependency is calculated using the Dependency Tool and that the home currently has staffing levels above what this tool suggests.



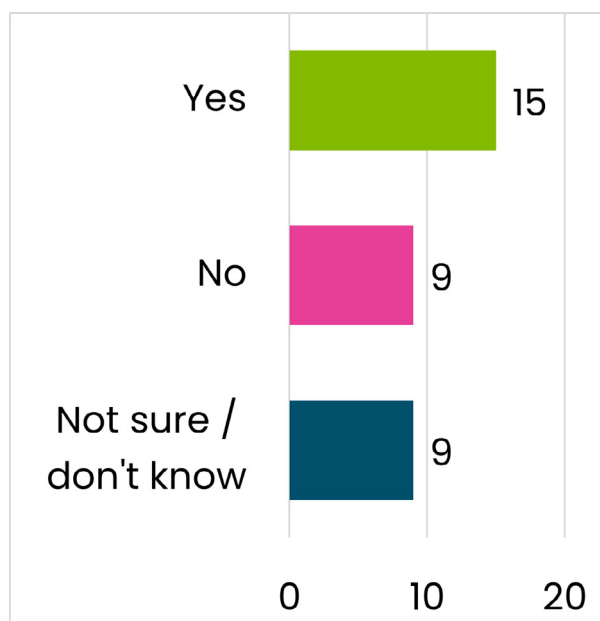
“There is less staff on a weekend and we, as a family, always make sure someone is there on a weekend to help our relative. We don’t feel we need to do this during the week.”

“Not as many staff on a weekend. My relative hadn’t got her breakfast by 10am on one occasion from being up since 6am. Still sat in their night clothes waiting for a shower at 11.45am, only to be told by the carer that she didn’t have time to shower [my relative].”

Activities

We asked people living on the residential, nursing and dementia floors about activities that they could get involved in. There was an up-to-date wellbeing programme calendar (changed weekly) on display and in each of the residents’ rooms. It gave details of three activities a day and included things like games, puzzles, cooking, films, exercise, quizzes and arts and crafts. One person told us that there were usually two activity co-ordinators but that one of them was currently on maternity leave. We saw activity materials such as pens, jigsaws, and games, as well as dementia memory boxes outside rooms. There was also an interactive tablet in one of the communal areas.

Do you or your friend/relative enjoy the activities on offer at the care home and do they reflect your or your friend/relative's interests?



There was mixed feedback about the activities on offer.



"The activity level is excellent, my relative has a much richer life with them than she did at home. Plus, the services like chiropody, hairdressing, GP visits to the home are a great help."

People talked positively about the trips out, mentioning Scarborough, Tong Garden Centre and the local park.



"In the summer all went to the seaside - I liked that. They've got all sorts if you want to do it. Exercise, singing, meetings and entertainers come in."

They also mentioned visiting entertainers who they said came "every ten days". However, there was mixed feedback about the quality of these.



"There are some good little music things, but not that often."

"Was really looking forward to Christmas choir, it turned out to be the vicar and a keyboard player, no choir. Went to bingo one morning and ended up just wrapping presents for someone, no bingo so stopped going."

Several people said they weren't interested in the activities on offer. One person said that there weren't any activities suitable for men. Another male resident said,



"I would like more practical activities like woodwork."

"Having spent so long on her own at home, I think it is difficult for her to begin to interact with others again... I am hoping they will encourage her to join in with some activities, although there hasn't been very much that I think would appeal to her as yet."

For people who spent more time in their rooms, people said they were encouraged to get involved in activities in the communal areas but that there weren't one-to-one activities on offer. We also didn't see any evidence of this on the wellbeing programme. One person who was being nursed in bed commented that there was no internet connection which limited further what they could do.



"Staff knock on the door, let me know what activities are happening when and if I would like to join."

"My relative does not want to participate in the activities, they prefer to stay in their room. The activities staff are really friendly and always come and see my relative and chat with them about what they are doing. There is never any pressure to take part."

"Activities cater for those able to talk and walk. They should have some one-to-one time with residents unable to join in activities."

"I don't really get involved because I don't like meeting with others. I sit in bed because there is nothing for me to do."

Most people (14 out of 16, 88% who were able to answer the question) said that activities happened when scheduled, always or most of the time.

During our afternoon visit, the scheduled activity was being run by the activities co-ordinator on the ground floor, but nothing was happening on second floor (residential/dementia). We also received the following feedback about activities on the second floor.

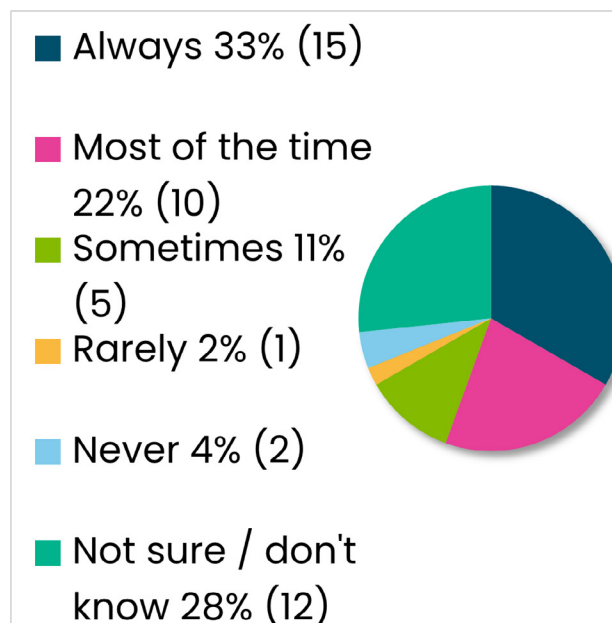


“My relative is now on the second floor and I’m not sure there are the same level of activities provided as previously on the ground floor. Some are (e.g. visiting singers, alpaca visits) but there don’t seem to be as many on a day-to-day basis.”

Choice and involvement in care

We asked people whether they felt that they were given choice about their daily routine. For example, what time to get up and go to bed; bathing and showering; what to wear; what and when to eat; and when you want to see friends and family.

Do you feel that you are given choice about your daily routine?



Of the people who were able to answer, 75% (25 out of 33 respondents) said they were given choice always or most of the time. People on the intermediate care floor generally said they felt they were able to exercise choice more often, mainly because they said they were able to do more things independently.



“No set routine. I can do what I want. I dress myself and pick my own clothes, just need a bit of help with showering. They were flexible in giving me a later lunch after a hospital visit.”

“I get to choose what I want to wear and say if I don’t want to have a shower.”

On the residential, nursing and dementia floors comments indicated that preferences about daily routine weren’t consistently met.



“Depends who is on duty.”

“Mealtimes are a bit erratic time wise.”

“I wanted to go for a walk staff said they are coming but didn’t come then it was lunch time, another day wasted.”



“Shower was not provided when needed during the times requested. However, have managed to secure a shower twice a week, which has happened so far.”

“I have asked a few times about my relative having a bath and so far in nearly three weeks they have had only one bath – which they really enjoyed. I’m told this will be addressed at the care plan review coming up.”

A few relatives said that their family member worried that if they didn’t get up very early, they would have to wait in bed a long time before care was available.



“My relative feels they need to be awake and to get showered, washed and dressed at a certain time (usually around 6.30am) as they don’t want to be left until dinnertime if they don’t. My relative likes a cup of tea when they wake up and they always have to ask for this even though the staff know that this is what they want. There is supposed to be a supper trolley, but my relative hasn’t seen it yet.”

“My relative gets up really early as she feels there won’t be time for anyone to help her shower if she stays in bed later.”

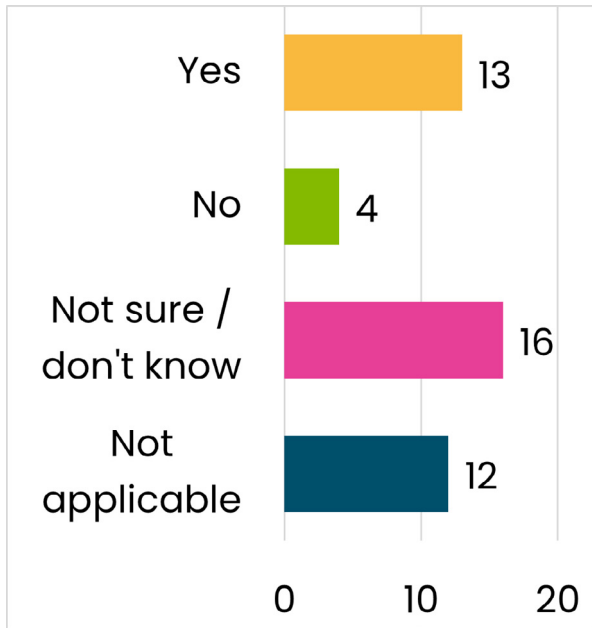


“Although my relative has said they would like to get up between 8 and 9 in the mornings, they tell me they often get my them dressed and leave in bed between 6 and 7 in the mornings, and then don’t get them out of bed till about 11am. I have queried this and was told the reasoning is likely that they were wet and needed a complete change and was probably asked if they wanted night things on again or to get dressed.”

“Sometimes not dressed by lunchtime. There are gaps in care provision.”

People said they had a choice of two menus and that they could request alternatives if they didn’t want what was on offer. People also said that they could request to eat their meals in their rooms if they wanted to.

Does the care home actively ask about and support any cultural or religious needs or preferences that you or your friend/relative has?



There was a mixed response to this question with some people not sure of what was available and a lack of follow up in terms of meeting people’s needs.



“This seems to be mostly overlooked. Perhaps written down but not actioned.”

“Initial discussion not sure about any follow up.”



“I am Jewish, and nothing is ever done, but I have never been a religious woman.”

“They do support Church of England... other cultures are not supported.”

Although people talked about a visiting vicar who we witnessed during our visit, one of the people we spoke to said that this had been arranged through them.



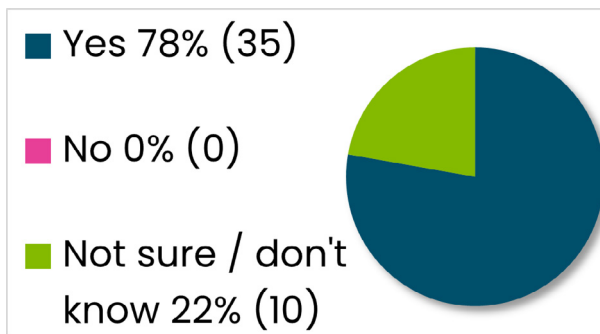
“I have asked several people about provision for C of E services or visits and each person I’ve asked has been unable to tell me what is available. I had to research and contact the rector of the local church myself (and got a very speedy reply and subsequent visit) and have now discovered that there is a monthly service held for all the residents.”

We were told by the home manager that Adel Manor had been holding a monthly church service run by Adel Parish Church since the home opened in 2022.



“She’s church of England. The minister was in recently and got to speak to her, she visits regularly. If it coincides with my visit, we do communion together.”

Are you or your friend/relative supported to be as independent as you/they want to be?



Everyone who was able to answer this question said that they or their relative were supported to be as independent as possible (for example, when taking medication, getting dressed/washing, eating and drinking?)

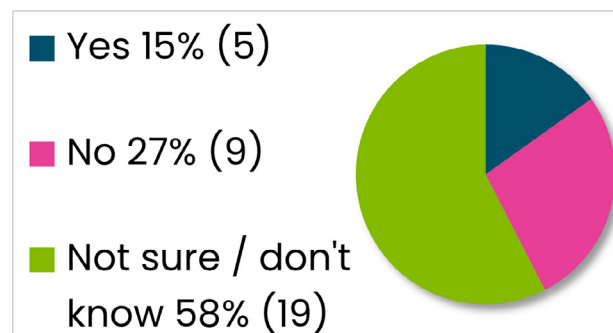


“They can use a zimmer frame and wash themselves independently. The odd time they get stuck on the toilet, they [the care staff] come to help.”

“As far as physical capabilities allow great patience has been displayed trying to encourage, even though it has to be abandoned at times at the behest of the resident.”

“She eats herself but will help her if she’s struggling.”

Is your or your friend’s/relative’s care regularly reviewed with you via your/their care plan?



We asked people living on the residential, nursing and dementia floors this question. Only five people said they had been involved in reviewing their or their relative's care via their care plan.



"I've reviewed it fully last month with staff and made some suggestions that were noted but can access it any time."

Three out of the five said that it had happened but only when they requested it. One person said they had recently been given the care plan but that no-one had supported them to understand what it meant.



"Believe it should be monthly but doesn't always happen. Feels like a tick box exercise rather than genuine review."

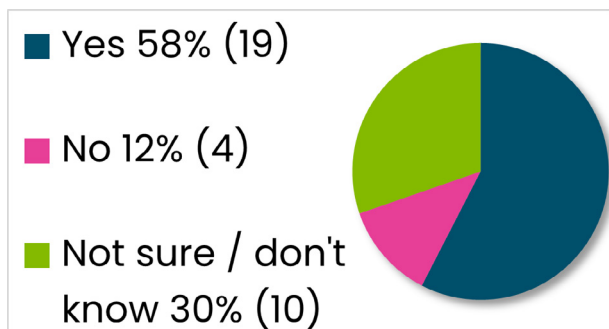
Opportunities to give feedback

The manager explained that people could give feedback in different ways:

- Via the digital reception on the reception desk which asks for people to rate the service and give feedback when signing out. Any low ratings get fed back to her so that she can address it with the individual.
- Via a survey accessible by QR code displayed on posters around the home. This could be completed anonymously.
- Via residents' and relatives' meetings that happen every eight weeks.
- Coming directly to her as she had an open-door policy and welcomes feedback.

She told us that any actions taken as a result of feedback were shared with people via the residents' and relatives' meetings and also via the 'You said, we did' white board that was visible in the reception area.

Do you have the opportunity to give your views and opinions about how the care home is run?



Of the 19 people on the residential, nursing and dementia floors who said they had the opportunity to share their views and opinions, 12 said they were aware of the residents' and relatives' meetings. Others said they felt able to share feedback directly with the manager.



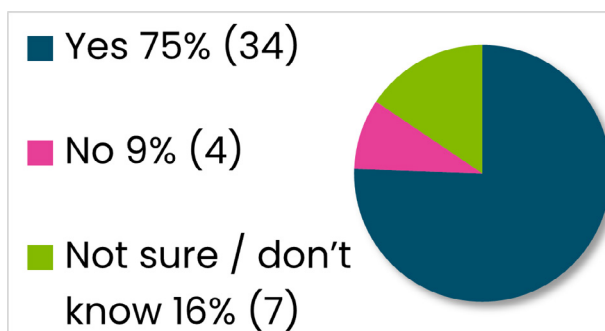
"If have anything to raise we can go to management, they are welcoming and do listen."

"I feel like I have a voice."



"I know there is a relative's meeting but it's usually at a time which is not convenient for me. I haven't been asked for any feedback."

Would you know who to talk to if you had a concern or wanted to make a complaint about the care home?



Most people said they would either speak to the care home manager or person in charge of each floor if they wanted to raise a concern or complaint.



"I feel listened to and can raise any concerns."



“I would have no hesitation in raising concerns as I have done in the past with other relatives/ friends in other situations.”

“Lots of opportunity to talk to the team leader on floor 2 about any decisions, choices, or concerns we have.”

Some people said they wouldn't know who to complain to as “it wasn't clear” or no-one had told them.

The majority of people said that they would feel comfortable raising a concern or complaint. Only two people said they wouldn't feel comfortable due to fear of staff reaction or that their relative would be seen as awkward and asked to leave.

Examples given indicate that the home had been responsive when people had raised concerns. One person said that responsiveness to complaints had improved.



“Initial experiences of complaints were very poorly managed by the home. However, with some changes of management things are improving.”

“When I said it was hard to get my relative on the phone, they fitted a direct line in their room so we can call any time. Also, after care plan review, they now ask my relative if they want to phone anyone in the evening and dial for her.”

“Asked for my father to be showered more frequently and this happened very quickly.”

Accessibility of information

We asked the manager what was in place to ensure that the care home was meeting its legal obligations under the Accessible Information Standard (For more information about the Accessible Information Standard, please refer to Appendix 1)

We were told by the manager that all residents had a pre-admission assessment which included asking about any communication needs which were then incorporated into the person's individual care plan. She explained that the home uses PCS, an electronic care planning system which all staff can access on handheld devices. The front page includes a summary of important information such as any current risks, and communication needs which will be immediately visible to all staff looking at a person's care plan.

The system also enables staff to print off a 'hospital pack' which is used when people need to attend appointments or are admitted to hospital. This enables the home to easily share information about people's communication needs.

We observed various notice boards around the home which featured information about activities and menus. Some information was easier to read than others due to things like font size and use of pictures. There was a notice board in the dining/lounge area displaying the Wellbeing Programme activities timetable along with a weather and date chart. It was difficult to see the timetable on the wall due to its small size. Although the Wellbeing Programme was in reasonably large print, it may be useful to consider including pictures to aid communication. The menus we saw in people's rooms were in large font and we noted from the relatives and residents' meeting minutes that the home is in the process of producing visual picture menus to aid communication for people with dementia.

Living environment

The care home is newly built and has lots of communal areas, big windows and plenty of natural light creating a spacious and calm living environment. There was music playing via the TV in the second-floor lounge and background music or the television was on in other communal areas. During our visit, we observed people being offered drinks and refreshments.

The corridors to the bedrooms are wide, making them very accessible and each person's room was clearly marked with their name in large print, and in some cases their photo. All rooms are fully furnished with ensuite wet rooms and people living on the residential/nursing floors had personalised their rooms with their own furniture and pictures. Each room was equipped with both an emergency button and an acoustic monitoring system which means if a resident moves or falls at night, staff on duty will be alerted.

The home is decorated and furnished to a high standard and appeared clean, tidy and well-organised. In the main, there were no unpleasant odours, however one person reported that a used incontinence pad had been put in a bin with no lid resulting in a strong smell of urine. In another room, we also witnessed a plastic urinal left on the table, potentially compromising the resident's dignity.

The reception area was well-organised and bright. There is a kitchenette for visitors and staff to make drinks and a room where residents can access a hairdresser and nail bar. During our visit a couple of residents were attending an appointment there. There were 'duty manager today' signs displaying accurate information on each of the floors.

Outside, there is a large well-maintained courtyard garden and there were pleasant views of the countryside from some of the rooms. Most rooms on the ground floor had direct access to the garden.

Other feedback and suggestions

We provided space on the survey for people to share any other feedback they had. There were several positive comments from people praising the care and saying that they/their relative were happy living at Adel Manor.



“On the whole, we have been pleased with the care that our relative received up to her recent death. Carers are openly genuinely fond of the residents in their care and take time to interact socially as well as administering personal care. The home has a warm, welcoming and comfortable atmosphere.”

“The care is great and my relative is content.”

“Very dedicated staff, excellent, they go out of their way to help.”



“The care home itself is clean and welcoming and the care I have received has overall been good.”

Some said that they were generally happy with care but felt that the standard of care could be better mentioning time taken to provide care, sharing of relevant information between staff, and high turnover of staff.



“I am generally happy with the care provided. The staff do seem caring and helpful, though it can occasionally seem hard to find someone available to assist when needed.”

“The turnover of staff is enormous, including senior members of staff. They just get used to my relative and then leave.”

Several people mentioned that it sometimes takes 10, 20 or more than 30 minutes to answer call bells. The care home manager said she was aware of this issue and that they were monitoring call bell response times daily. We also noticed in three of the rooms where people were resting that call bells had not been left within reach.

Quality and choice of food was an issue that we received many comments about. Out of fourteen comments, only two were positive. Issues raised were that the food was cold, poor quality and didn't always meet dietary requirements such as for coeliacs and diabetics. A few people also said that alternatives to the main menu when ordered were not always available.



“Food is a little bit rich and not enough carbs for a diabetic. This is a regular occurrence.”



“Food could be improved with a bit more variety. It is not always warm when it arrives. Sometimes I don't get what I have asked for i.e. omelettes. There is a supper trolley but there isn't always anything I left by the time it gets to me.”

“The meals are not very nice, always cold soup, tinned fruit cocktail passing off for melon, battered fish with hardly any fish in the batter with cold, hard mushy peas... All desserts seem to be mousse based. No hot puddings and custard hardly ever.”

“Fresh fruit should be offered to residents. I know it is available in the lounge area but if you don't leave your room, you can't get it.”

Our recommendations

1. Look at what can be put in place to help create a compassionate culture where residents feel that all staff are caring, and staff want to stay in their roles. This could for example be around recruitment processes, training, team building, or celebrating good care.
2. Continue to monitor call bell response times, particularly on evenings and weekends and take action to address any concerns highlighted. Ensure regular monitoring to check that call bells are left within reach.
3. Review the range of activities on offer in relation to people's needs and interests, particularly considering the needs of people with dementia and those who may not be able to participate in group activities.
4. Review systems for documenting, communicating and acting on people's cultural and religious needs so that these are more consistently communicated and met.
5. Ensure that residents and/or their family members understand what a care plan is and where appropriate are routinely invited to be involved in reviews.
6. Improve the choice and nutrition of food offered. This could include seeking feedback from residents as well as getting nutritional advice.

Next steps

The report will be shared with Adel Manor Care Centre, Leeds City Council, Leeds Health and Care Partnership, and the Care Quality Commission. We will agree with Adel Manor the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow-up work required to ensure there are real changes made to the services so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank you

Thank you to everyone who took the time to share their feedback with us, and to staff at Adel Manor Care Centre for welcoming us on the day. Thank you also to our Enter and View representatives Parveen Ayub, Dianne Parker, Denise Wall, Meg Polese, Isaac Grinnell, Tatum Yip, and Val Hewison for undertaking the visit.

This report has been written by Harriet Wright, Community Project Worker at Healthwatch Leeds.

Appendix 1

– Accessible

Information Standard

The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

The NHS and adult social care services must comply with the Accessible Information Standard by law.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things.

They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs in a set way.
3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.
4. Share information about a person's needs with other NHS and adult social care provides, when they have consent or permission to do so.
5. Make sure that people get information in an accessible way and communication support if they need it.

More information about the Accessible Information Standard can be found at <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>



**Committed
to quality**

We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

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