



# Enter and View report

Aberdeen House Care Home

23 June 2017



# Contents

1	Introduction.....	3
1.1	Details of visit .....	3
1.2	Acknowledgements .....	3
1.3	Disclaimer.....	3
2	What is Enter and View? .....	3
3	Purpose of Visit .....	4
3.1	Strategic drivers .....	4
3.2	Methodology .....	4
3.3	Summary of findings.....	5
3.4	Results of visit.....	5
3.5	Recommendations .....	9
3.6	Service providers response .....	10



---

# 1 Introduction

---

## 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Aberdeen House Care Home, 20 Stockerston Road, Uppingham.
<b>Service Provider</b>	Aberdeen House Care Ltd Owner: Mr Ramesh Kotcha
<b>Date and Time</b>	23 June 2017 11:00 – 13:30
<b>Authorised Representatives</b>	Christine Stanesby, Nicola Darby, Alf Dewis, Bart Taylor-Harris.
<b>Contact details</b>	01572 720381

## 1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

## 1.3 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.


---

# 2 What is Enter and View?

---

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential





homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

---

## 3 Purpose of Visit

---

- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

### 3.1 Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Aberdeen House Care Home on 23 June 2017 was part of this series of visits.

### 3.2 Methodology

Some three weeks before the Enter and View visit the Enter and View team leader met with the assistant manager of Aberdeen House Care Home. At that meeting the purpose of the visit was explained and agreement was reached about the timing of the Enter and View visit and how staff residents and their families/regular visitors would be informed of the visit using a letter produced by Healthwatch Rutland.

A team from Healthwatch Rutland visited over a two and one half hour period starting at 11:00 on 23 June 2017.



The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff, residents and visitors using the framework prepared in advance of the series of care home visits.

Following the visit a meeting had been arranged with the manager where key observations were shared.

### 3.3 Summary of findings

- a) Aberdeen House is a retirement home used by privately and council funded residents and by the council for re-enablement.
- b) We were met by friendly staff and happy residents. Some friends and family made a special effort to communicate with us positively.
- c) Disabled access to the building is not clearly signed.
- d) Internally some areas of the home appear tired but the owners are undertaking a staged redecoration/refurbishment programme.
- e) There is internet access for residents (including a specially adapted computer), electronic residents' call monitoring and CCTV.
- f) Activities for residents appeared wide ranging and information for residents and their families includes regular newsletter and face to face or electronic communication.
- g) While there is secure access and egress through the front door this is not the case at the rear of the building.

### 3.4 Results of visit

Aberdeen House Care Home occupies a large converted and extended farmhouse and stable block. It has a small patio garden for residents. At the time of our visit there were 12 residents. Maximum capacity is 18 and we were told that there is normally a waiting list. A number of residents have dementia. The home has private and local authority fee paying residents and is used by the local authority for re-enablement following hospital discharge so allowing patients who are not yet well enough to return to their own homes, to vacate hospital beds.

#### Approach/Exterior

Aberdeen House Care Home is close to the centre of Uppingham, about one third of a mile from the towns market square and main shopping street.





The main, front entrance is kept locked and is accessed via two steps. A wheel chair user cannot reach the front door bell. We were told that most visitors do not use the front door but an unsigned entrance to the rear of the building accessed through a small off street parking area, a low externally bolted wooden gate and a courtyard area used by residents. This rear door provides level

access and egress to the building. On the day we visited this back door was unlocked and open. We drew this to the attention of the company directors and manager present as a possible safety issue. They have immediately responded with a plan to improve this situation. We saw no marked disabled parking.

## Reception

There is a book on a table by the front door for visitors to sign in and out of the home. Not all members of the E&V team were asked to use this. Staff were friendly and the E&V team was made to feel welcome. A copy of the Healthwatch Rutland poster announcing our visit was prominently positioned at the bottom of the main staircase, close to both front and rear doors. One of the directors of the company owning Aberdeen House, who was present during our visit, drew our attention to issues with this area and explained how a major refurbishment is planned in the near future.

## Layout and general environment

The home occupies two floors with changing levels on the first floor. There is a wheelchair accessible lift serving the old stable block and a stair lift in the old farmhouse. The main public areas on the ground floor comprise: a lounge/dining room and large conservatory that overlooks a small courtyard garden, and a quiet lounge at the front of the building overlooking the street. In the conservatory, chairs were grouped to maximize the view. The lounge dining room was arranged to allow a variety of activities.



Residents' rooms are to be found on both floors. Seven rooms have ensuite facilities (a hand wash basin and a toilet). Toilets are not always in a separate room and often privacy was provided by a curtain, even in shared rooms with two single beds. There are three shared bathrooms and these have all recently been refurbished. The owners of the home told us that there was a programme of redecoration of residents' rooms

and colour choices were guided by the residents. Residents are able to bring their furniture with them. We were shown the kitchen and it was explained how this is to be completely refurbished with modern catering equipment. The cook explained the temporary arrangements that will be put in place to ensure the residents continue to receive home cooking during the refurbishment. We were shown improvements that had been made aimed at improving accessibility for wheel chair users and the general ambiance of the home. Externally space is limited but the small patio garden, overlooked by the conservatory, and wheelchair accessible, has seating areas and was in use on the warm day we visited.

### Activities

There is a part time activities coordinator who works five days a week between 9 am and 4pm. We visited in the morning and observed a member of staff helping a resident with a jigsaw. Aberdeen House has internet access with wifi available in most parts of the building. We were told no current resident has their own device but were shown a specially adapted computer and it was explained how some residents used Skype and other communications features to keep in touch with distant relatives.

The manager told us that a theatre group visits 4 or 5 times a year and their performances are open to the public, family and friends. We also saw photographs of a visit by an organisation that brings with them pets, (Rabbit, tortoise, cat etc) that the residents can hold and stroke. A local dementia related support groups also meets at the home. Students from Uppingham School visit regularly and are seen as an asset.

A member of staff told us how she enjoys taking residents out of the home, into the town and elsewhere.

We noted during our visit a number of visitors “popping in” and we were told by a family member of a variety of activities ensuring that every day is different.

We received many positive comments about the high quality of leadership provided by the manager and assistant manager and praise for their positive and caring approach to their leadership role.

### Residents/families

A number of volunteers/family members made a special effort to communicate with us. They told us of the homely atmosphere at Aberdeen House. They praised the manager and assistant manager. They stressed the caring nature of all staff and the commitment of staff to the residents. A resident told us that she was happy at Aberdeen House although she had never thought she would have to be resident in a care home.



Relatives can visit at any time and are recognised and welcomed by the staff. As a result, the home keeps in regular contact with them and communication was described by everyone we talked to as good. Relatives are also kept informed with regular updates, including emails, and a quarterly newsletter.

While the quality of staff and homeliness and of Aberdeen House was continually stressed we did receive some suggestions for improvements. These concerned the physical environment. We were told that more matching crockery would be nice and that the décor was a little dated and could be smartened up.

## Meals

Meals are cooked on the premises using fresh ingredients. Vegetables fruit are bought on Uppingham market. Asda delivers other provisions weekly. We were told that residents are informed of the lunch menu at the beginning of each morning and could request an alternative. On the day of our visit lunch arrived promptly at 12.00 noon and comprised salmon in a white wine sauce, new potatoes and peas. Dessert was a roulade. Portions were good and most residents appeared to enjoy eating their meal. Care assistants were seen helping some residents during the mealtime. We were told that the menu is on a four week cycle and in addition the cook uses fresh ingredients brought in by relatives, eg fresh garden rhubarb.

## Medical/care

Aberdeen House is not a nursing home therefore there are no currently qualified nursing staff. Nursing support is provided by District Nurses. Support from the Uppingham GP practice was also described by the manager as very good. A “check for change” form was used that could be emailed to the practice and either a doctor’s visits (which normally take place at lunch time) or a phone call could be requested. The response to emergency calls was described as good but written information sent with the ambulance was often lost at the hospital. Residents generally access dentistry privately but were told of a planned initiative that could result in a regular visit by an NHS dentist.



All residents have care plans that are reviewed regularly. We were shown folders containing whole home issues, raised or observed, and the action taken against each. Staff we asked were aware of the whistle blowing procedure. A director of the company visits weekly to provide an external overview. The director present during our visit was known by and knew members of staff by their first names. We saw the mobile phone



numbers of managers and directors prominently displayed together with the number of the head office.

We were shown a care home call system that had been installed. The system both monitored and recorded the time taken to respond to calls and issued alerts if calls are not responded to within a two minute period. During the time the equipment was demonstrated to us we observed two members of staff responding rapidly to check to see which alert had been triggered. The home has a CCTV system. This was turned off during our visit.

### Staff

The manager told us that staffing is: Manager, deputy manager, and 22 other part time staff including cleaner, cook, carers and activities coordinator. Two members of staff are on duty overnight with at least one awake at all times. Most staff live locally and many staff have been at Aberdeen House for a long time and have family connections (The manager and assistant manager are sisters and have jointly worked at Aberdeen house for in excess of 50 years) Agency staff are not used as staff are willing to cover for absences by working flexibly.

Staff are encouraged by the manager and company directors to participate in training and obtaining additional qualifications. We met mature members of staff who proudly told us of NVQ qualifications they had or were obtaining. Training and support offered by Rutland County Council was praised.

We were told and we observed that staff are friendly and caring. The manager and deputy manager were praised as approachable, caring and considerate.

## 3.5 Recommendations

- Access arrangements and signage, particular disabled access should be reviewed.
- We know that the arrangements for the use of the rear door and the security of the courtyard area is to be improved by the installation of a new fence and an alarm that will alert staff to anyone entering or leaving by this route. When this work is completed the positioning and use of the visitors sign in book should be reviewed.
- The directors should continue with their refurbishment and redecoration programme while retaining the much appreciated “homeliness” of Aberdeen House.
- The current processes of staff training and development should be continued.



### 3.6 Service providers response

We would like to thank you for visiting Aberdeen House, it was really nice to meet you all and to receive the extremely encouraging and positive comments. We aim to ensure Aberdeen House is `home from home` and this appeared to be evident in your report. Regarding your suggestions:

- A sign is now in place at the front door showing disabled access is at the rear.
- A new fence and gate has been installed with an alarm to alert staff to anyone entering or leaving (please see photos)
- CCTV is now on 24/7.
- The directors will most definitely ensure the homeliness of Aberdeen House is maintained with their refurbishment and redecoration plans.
- The current process of staff training and development will most definitely be continued and improved upon at any opportunity.

On behalf of the residents and staff I would like to once again thank you for your visit and nice comments and are pleased you enjoyed your visit and welcome you back anytime.

