healthwatch Cheshire East healthwatch Cheshire West

Enter and View Report
Aaron Court

Care Home Contact Details:
Aaron Court,
Princes Road,
Ellesmere Port.
CH65 8EU

Date of Visit: **15th October 2018**

Time of Visit: **12 noon**

Healthwatch Cheshire Authorised Representatives:
Jenny Young
Joanna Brookes

Aaron Court Staff Present: **Lindsey Bevan, Home Manager and Regional Manager.**

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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1. **Description & Nature of Service**

Aaron Court is a care home for clients suffering from Dementia. Both residential and nursing care facilities are offered. The home is located in a mainly residential area of Ellesmere Port. This purpose-built care home is close to all local amenities, schools and council offices, and has good transport links to the surrounding areas.

Group: Hill Care
Person in charge: Lindsey Bevan (Regional Manager)
Local Authority / Social Services: Cheshire West and Chester Council
Type of Service: Care Home with nursing – Privately Owned , Registered for a maximum of 73 Service Users
Registered Care Categories*: Dementia • Old Age
Specialist Care Categories: Alzheimer's
Admission Information: Ages 18+.
Single Rooms: 73 (*home's own website says 69*)
Shared Rooms: 0
Rooms with ensuite WC: 11
Facilities & Services: Palliative Care • Respite Care • Convalescent Care • Physiotherapy • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Smoking not permitted • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room
Parking: Parking available for visitors.
(Information taken from www.carehome.co.uk and providers website if available)

Latest Care Quality Commission Report on Aaron Court: After the most recent visit by CQC (March 2018) the home was rated as REQUIRING IMPROVEMENT with all areas examined by CQC – Safety, Effectiveness, Caring, Responsiveness and Leadership.

Website information: Aaron Court has its own section on the Hill Care Website – This states: In relation to an individual's own room, that a resident can, ***"…** add their own personal touches to create that 'Home from Home feel.'"*

It states of bedrooms ***"…boasts 69 tastefully decorated bedrooms all with en suites."***

And in relation to activities, that the home – ***"… offers a range of activities including games, arts and crafts and one to one pamper sessions. Our activity schedule is designed around our resident's choices and our dedicated activities coordinator also takes residents out on day trips to their favourite spots."***

Representatives are keen on this visit to see how the above aims are actually applied at the home.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire reps to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire reps to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

On arrival Representatives were met by Lindsey Bevan the home manager, who was welcoming and open. Lindsey led us through to the office, provided us with a drink and was happy to answer any questions we had.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

7. Summary of Key Findings

- Representatives checked bathrooms that appeared to be clean, free from clutter and fit for purpose
- We checked accessibility of call bells
- We noted evidence of a calm, empathic approach to care giving
- Three out of four staff members engaged in conversation with Representatives as well as one resident and one visitor.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

Representatives felt that the outside of the property appeared as a little cluttered. The car park was chock-full and there were brimming waste bins and an over-packed skip awaiting collection.

We also felt the garden areas at the front of the property were in need of some attention – mainly clipping.

8.2 Initial impressions (from a visitor's perspective on entering the home)

Our first impressions were of a busy home. The car park was full (suggesting many visitors). However, Representatives saw no evidence of excess visitors to property.

Providing 69 rooms, the home is quite sizeable and being of modern design, it

stands out on in an area/estate estate made up mainly 1930's built originally social housing many of which are now privately owned.

8.3 Facilities for and involvement with family/friends

There were rooms throughout the home for relatives to meet with their family and friends. Evidence of a family meeting with staff in one quiet room.

8.4 Internal physical environment

8.4.1 Décor, lighting, heating, furnishing & floor coverings

The home is currently under- going redecoration. The floors are laminated throughout. Inside it appears light and airy.

The home manager told us that she is working with the regional maintenance manager in terms of managing the premises.

Furnishings were in good condition.

The home is currently redesigning lounges to reflect new dementia research and will have a Memory Lane and a maritime themed lounge to reflect Ellesmere Port maritime history.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

The home appeared to be well maintained no odour was present. The housekeeping staff are employed over a 12 hour period in two shift patterns to assist staff.

8.4.3 Suitability of design to meet needs of residents

A large airy custom built home on two floors and with residential and nursing wings on both floors.

On looking at the rooms they did not appear to have what Representatives feel is the minimum to be referred to as en-suite - only having a hand sinks in the rooms.

We asked the manager about access to commodes at night, as there was no evidence of commode chairs in the rooms. She advised us that clients could be provided with a commode or, they would access the bathroom and toilets on the corridor.

As clients have a degree of memory loss dementia, Representatives wondered how many residents identify they require a toilet or understand the way of getting assistance to access a toilet?

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

The Manager was well presented. The staff appeared as well dressed and bare below the elbows.

8.5.2 Affording dignity and respect/Approach to care giving

We visited the home at a mealtime.

Representatives noted that staff were assisting clients to have their dinner.

There was an air of calm in the communal dining room.

The staff appeared to be attentive to the clients and the impression was of a calm, empathic approach to care giving.

8.5.3 Effective communications – alternative systems and accessible information

The staff appeared to be patient with the clients.

Occasionally the staff have to work supporting one to one with clients. This was not in evidence at the visit.

We saw no evidence of any alternative communications strategy in use.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

All clients appeared to be well dressed. Laundry is done on the premises.

8.6.2 Nutrition/ mealtimes and hydration

Meals are cooked on the premises. There is a seasonal menu and food supplies are centrally provided with local food sourcing if there is any shortfall. Fluid balance charts have been commenced since the CQC report.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

Clients are supported by their GPs and have access to pressure relieving mattress.

One room had a mattress which indicated a low battery. This we were told was to be attended to before patient was put bed that night.

8.7 Social, emotional and cultural welfare

8.7. 1 Personalisation & personal possessions

Representatives understand that residents are allowed to personalise their own rooms with individual decorative items, pictures and small pieces of furniture.

8.7.2 Choice, control & identity

Representatives did feel that Residents were able to make choices in relation to their care.

8.7.3 Feeling safe and able to raise concerns/complaints

We were told that the home has a complaints policy but that most issues can be sorted out quickly following informal discussions.

8.7.4 Structured and unstructured activities/stimulation

Activities coordinator employed no evidence of them on the visit or their work. No publicity of recent activities evident. Advised that the home is undergoing redecoration and areas redesigned so activity diaries not yet available.

8.7.5 Cultural, religious/spiritual needs

The home has some links with local churches.

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment

Gardens were in need of maintenance the gardening is contracted centrally in between visits the maintenance man does some gardening. Not much is evidence of work being completed.

9. Observations

9.1 Elements of observed / reported good practice

- Calm relaxed atmosphere
- Staff displaying understanding to resident's needs.

9.2 Other observations / findings of note applicable

The Training manual for Infection and Prevention Control had one report in from February 2018 signed by the current Manager. The Manager and regional manager both indicated that records for both training and clients notes will be held on computer in the future.

10. Comparisons

10.1 Comparisons of observations against providers website

Personalisation – In terms of being able to create their own personalised space – It appears that this is possible with residents able to bring in decorative items and belongings.

Activity – We were not able to see the range of activities as featured and there was no real evidence of past activities; i.e. photographs, example artwork etc.; on display.

En-suite: The Website gives no indication that 'en-suite' simply means a basin in the room. Representatives feel that anyone looking for information about the home online; to place a relative for instance; could find this misleading.

10.2 Comparisons with previous Healthwatch visit (s) where applicable

- On this visit we focused on areas of concern as noted by CQC - mainly bathrooms and call bells.
- Of the three bathrooms I looked at one had evidence of bubbles the others were clean.
- One call bell was tucked behind the toilet support arm in the bathroom which showed recent use. The others the call bell hung free.
- The sluice area was locked with a key pad.
- One downstairs toilet was out of order - evidence by the maintenance man reporting it to the office as we arrived.

11. Recommendations

- A garden tidy and trim
- Adjust website information to represent what en-suite means in relation to this home.
- Improvement of displays in relation to activity and 'What's on programme'
- Return in six months to review improvements progress.
- Check correct carehome.co.uk website to ensure details on home are accurate (e.g. 73 beds)

Feedback from Provider of Service
At time of publication – No feedback received.