

HW Reference: 20180829

Time & Duration of Visit: 9.45am - 12.15pm

Number of people engaged with: 12

Enter & View Residential Care Report

Specialism/Service: Accommodation for persons requiring nursing or personal care, Dementia, caring for adults over 65 years

Aarondale House

49 Eastgate, Hornsea, East Yorkshire HU18 1LP

Date of visit: 29th August 2018

Date of publication: 16th October 2018

HWERY Representatives: Carol Dyas & Peter Horrocks

Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.

Main Purpose of Visit

This visit was part of a Healthwatch East Riding of Yorkshire (HWERY) programme focussing on the provision and quality of residential care within Hornsea; following over 40% (3 out of 7) homes being categorised as 'Requires Improvement' by the CQC, including two of which that are under at least partial suspension by the Local Authority.

It is important to note that Enter & View is not an inspection; it is a genuine opportunity to build positive relationships with local Health & Social Care providers, provide opportunity to demonstrate that providers support service user engagement and give service users the opportunity to give their views in order to improve service delivery.

Summary of Key Findings

Aarondale is a small (20 place) care home in central Hornsea. Rooms are on the ground and first floors served by a lift; several rooms are shared and only three have en suite facilities. A CQC visit in January 2018 found problems with care planning, medicines management, management and quality assurance, provision of activities, cleanliness and infection control procedures. Since this time a new approach has been adopted and admissions (which had been suspended) have now been resumed. HWERY had a very encouraging talk with the manager who feels well supported by the director of the home; the manager is very aware of the shortcomings of the past and is now working to change this and feels that good communication is crucial to this.

HWERY are aware that there is a lot of progress that needs to be made, which the manager is also well aware of. Time and good leadership will be needed to see the full effect of the changes being implemented which HWERY feel the manager is capable of providing.

Recommendations/Observations

- In light of the recent implementation of the 'Respect' forms, conversations should be held with service users and relatives to ensure residents wishes are clearly conveyed
- Aarondale is at a crucial stage. There is a clear view of what needs to be done in respect of the home environment, training, activities and staffing changes - the challenge is to effect these changes before further shortfalls of care occur; therefore at this stage HWERY do not offer any additional recommendations but are willing to offer support to Aarondale during this period of improvement should it be requested.



Full Report

Background

Local Healthwatch has a number of specific statutory activities that it is required to deliver, defined in five Healthwatch Quality Statements, specifically

- Strategic Context & Relationships
- Community Voice & Influence
- Making a Difference Locally
- Informing People
- Relationship with Healthwatch England

Within the context of Enter & View:

Under its remit of 'Community Voice & Influence', Healthwatch has a responsibility to support local people to share their experience and opinions of local services.

Under its remit of 'Making a Difference Locally', Healthwatch has a responsibility to capture the experience of local people in our research and reports, use the opinions and experiences of the public to produce recommendations for change and ensure our recommendations for change are heard and responded to by relevant decision makers.

Under its remit of 'Informing People', Healthwatch has a responsibility to ensure that we provide the public with accurate, reliable, relevant and useful information about local services, when they need it, in a format that meets their needs.

Main Findings

How safe is the setting for service users?

By safe we mean people are protected from abuse or avoidable harm.

The home is generally clean and there were no odours, although the décor is worn and quite tired. A few carpets are being replaced with sealed wood effect flooring to help with cleaning; however the ground floor carpet pattern could be confusing for those with Dementia.

The kitchen has a five star food safety rating (the highest score possible).

Residents told us that staff were mostly quick to respond if help was suddenly needed; one said 'sometimes they're busy'.

A stair lift would be a useful addition to the main staircase.

How effective do service users consider the service to be?

By effective, we mean does residents care, treatment and support achieve good outcomes and promote a good quality of life?

There was much praise for the input of GP's, district nursing and physiotherapy to the home; however continence supplies caused the storage problems experienced by many homes and assessments could be delayed.

The recent closure of the local minor injuries unit had caused some problems. We were told that a hospital 'passport' system is being overtaken by 'respect' forms which seem to focus on 'do not resuscitate' matters, although some decisions on this seemed to be taken unilaterally by the hospital.

The laundry is very cramped; however the manager told us that the separation of clean and soiled items is effectively managed through the use of red bags. All laundry duties are carried out by care staff themselves, taking them away from the direct care of residents. There is a basket system to look after residents' clothing.

Room furnishings within the home were basic and some rooms seemed impersonal, only two toilets within the home are suitable for wheelchair users. Door labelling and identifying colours were also inconsistent and often lacking altogether.

With regard to food and menu choices, most residents told us they were not aware of the choices available, saying they ate what was provided although 'something else' was found if they disliked what was on offer. The manager confirmed that residents are actually offered two choices at meal-times.

How caring do service users find the service?

By caring, we mean that the service involves and treats people with compassion, kindness, dignity & respect.

We observed many friendly and supportive interactions between carers and residents; one resident said 'whatever you need they do it'. All the residents looked clean and well cared for; one gentleman was having his beard trimmed while we were there. All of the people we spoke to said they were happy and felt cared for.

We received six relative questionnaires which were all positive, saying how well the staff cope and how staff had a warm welcoming approach to their work. One relative whose mum had been there six weeks, said her mums life has dramatically improved since she has been there. Another relative said their family member had been there three years and they feel very involved in her care.

The system of care plans is being revised with an eventual move to continuous electronic records being planned; plans are mostly written on admission with monthly reviews. End of life matters are not usually part of the care plan.

How responsive to their needs do service users find the service?

By responsive, we mean that the services meet people's needs.

Two current residents are receiving respite care.

Activities occur sporadically including visits to the Floral Hall and local shops but there was said to be a lack of interest in anything more organised; a project to create 'life books' for individual residents is being considered. Aarondale was praised locally for its participation in the Tour de Yorkshire visit to Hornsea.

The home lacks a secure outside area for the use of residents. Visiting pets can be brought into the home.

How well-led do service users consider the service to be?

By well-led, we mean that the leadership and management assures the delivery of high quality and person-centred care, supports learning and innovation and promotes an open and fair culture.

The current manager has been in post since December 2017, she is attempting to change all aspects and functions of the home by employing a person-centred approach to each decision. The enthusiasm and leadership of the manager are impressive, although some staff have found the changes hard to accept.

There are thirteen full time and four part-time staff employed by the home. At the busiest times of the day four staff are on duty, including one senior; two are available at night. Two staff questionnaires were returned and both stated that they felt they would like to spend more time with the residents but other duties imposed upon this e.g. laundry duties;

they did however say that management were approachable and take the time to interact with residents. One career we spoke to who works three days per week (acting up as a senior on Wednesdays) said she felt fully supported by the manager and director and enjoyed her job.

Staff training in the past has been disorganised; however a fresh approach is now starting. The Care Quality Commission and the local authority Quality Development & Monitoring Team were both praised for the support they are giving to the home as it introduces change.

The home is one of only two in Hornsea that does not ask for top-up charges above the current basic rates of £483/525 per week. Many of the changes which the manager sees as essential, she feels cannot be undertaken through lack of funds.

Signed on behalf of HWERY	<i>Matthew Fawcett</i>	Date: 18/09/2018
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Response from Setting:

Measures are already underway to re-organise the laundry responsibilities; these are now undertaken by the cleaning staff.