Details of visit	
Service address:	285 Lane End Road, Chapeltown, S35 3UH
Service Provider:	Aaron View Care Home
Date and Time:	1st May 2015
Authorised Representatives:	Chris Sterry, Penny Lewis
Contact details:	Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Acknowledgements

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

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.

Purpose of the visit

The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. As part of our work with the Health and Wellbeing Board, we will be asking a specific set of questions about dignity, to find out whether people's dignity and privacy is respected. Specifically we looked to find out whether the care provided meets people's needs, whether people's needs and wishes are respected. We also wished to discover what people and their families think about the services that are provided and to find out how the home connects with the wider environment.

This list is not exclusive. We do gather other information that adds to this list and aim to identify examples of good working practice.

Strategic drivers

- To continue with a planned series of Enter and View to residential settings started by the former Sheffield LINk
- To ask particular sets of questions about dignity, oral health and dementia.

Methodology

This was an announced Enter and View visit. Posters were displayed around the home prior to our visit, and residents and relatives were alerted in person to our visit by staff.

Aaron View Care Home is a 30 bedded home, with 3 double rooms which serve as single rooms when not required by couples. It currently has 21 occupants, who are purely residential (although some occupants may have mild dementia, they require only non-nursing care).

We had the following discussions:

- an introductory discussion with the Acting Manager (the deputy Manager, who is covering the Manager's maternity leave)
- Discussions with staff (6 members in total acting in a number of different roles)
- Discussion with 6 residents
- Comments from 2 relatives

Semi structured interview questions were prepared before the visit. We were advised by staff as to individuals who were able/ suitable to be approached.

We observed the interaction between staff and residents, and the public and communal areas in the home. We also studied documentation provided by services providers/staff.

Our findings were briefly discussed with the Manager before leaving.

Summary of findings

Generally there were very positive attitudes to the care provided from the residents, relatives and staff. The smallness of the home, and its ability to retain staff for many years, engendered the 'family' atmosphere that was evident.

We found sound staff training, care planning, use of other healthcare agencies, and good connection with the wider locality.

A recently appointed Activities Co-ordinator was developing a broad programme of activities to stimulate and entertain residents. We commend this, and recommend that this work is supported and extended.

Results of Visit

The General Environment

The home is generally in good repair, inside and out. It is situated within housing which limits the activity visible from the windows.

Rooms were clean and bright, and personalised to the resident.

Rooms had 'en suite' (wash basin and toilet) facilities. Showers and a bath with hoist were available.

The lower floor/ basement (which gives the easy access to the garden) is restricted for staff use, as the stairway could pose a risk to residents if access was permitted.

The garden, although relatively large, is an uneven sloping lawn, which makes it unsuitable for less-than-steady residents. There is a large patio /balcony with seating, accessible by residents from the ground floor. Several residents commented on enjoying this area, and being able to 'get out'. While some small pots had been planted up by residents, we felt that the outside resources could be further exploited e.g. with raised beds, a sensory garden, wind breaks, in order to provide interest and activity.

Management of Care

We asked about care plans. All residents' plans are reviewed monthly, in consultation with

residents, and 'likes and dislikes' are recorded within the care plan folder.

Access to other care professionals: District Nurses visit weekly, as well as when specifically required. There is access to a GP, occupational and physiotherapists, opticians, and regular visits by a dentist (who also does oral care training for staff).

Residents' hydration and weight are regularly monitored. We observed special food being prepared for a 'weight loser' and the GP had been contacted to investigate.

We observed careful practice in monitoring an individual's tablet taking.

Aaron View is part of Devaglade, which has other homes in Norfolk. The owners are doctors, and receive weekly reports on the running of the home, including any areas of concern for the residents'' health.

End of Life Care

Although the home does not provide nursing care, where possible it fully supports residents who wish to stay in the home in their last days (with the support of the GP and / or District Nursing). Advanced Decision-making (a 'Death and Dying' plan) is done by the resident with the GP and family.

Staff are trained in End-of-Life care using a distance learning package. Given the closeness of many staff and residents, we feel that a more personal, exploratory approach may be useful e.g. using someone from a local hospice.

Dignity and Respect

Given the wide spectrum of characters and abilities we observed, the home had an overall atmosphere of warmth, tolerance and 'comfortableness' in relationships.

The home has a number of Dignity Champions, but we heard that this role felt rather superfluous ... "we should all be this".

It was evident that the staff and residents had close and often quite long-term relationships and their individuality was understood "X doesn't like this", "we've tried this and this, but he still grumbles".

Staff

Staffing levels were reported as follows: Day shifts - 1 Team Leader and 3 carers. Night - 3 carers.

The manager and the deputy provide 24 hour 'on call' cover.

There was low turnover of staff, many staying several years. This is very good for maintaining stability for residents. (As highlighted in the N.I.C.E. guidelines for Care Homes.) The handyman also has care qualifications, and covers if needed. Agency staff are rarely used, and are always accompanied.

We felt there was sound induction training (described by the manager and confirmed by staff). This included: Health and Safety, Moving and Handling, First aid, Fire, Deprivation of Liberty (DOLs), infection control, Mental Capacity Act and Dementia training. There was also training on pressures sore prevention, equipment handling and medicines management.

Staff reported liking their work.

Interactions between staff and residents

We observed relaxed and warm interactions between staff and residents, and a willingness to meet their needs. We observed calls to staff by 'the buzzer' being responded to within a standard of 3 minutes.

A satisfaction survey had been done this year, and feedback acted upon by the appointment of the Activities Co-ordinator. As a small home, we observed the manager was very open and accessible to users.

Food

The menu was mostly traditional 'English' food, with a choice of options (we were told that any particular wants /dislikes were catered for). We observed a lunchtime serving. Residents looked and reported being very happy with the food, which looked appetising and was promptly served. Residents were helped appropriately.

There are tea breaks in the morning and afternoon, and beverages are available ad lib.

Recreational / social Activities

A range of activities is being developed, supported by the new co-ordinator. This includes: craft, bingo, weekly chair exercise. Film show equipment is being installed. Special events are held for birthdays, Halloween, Xmas, and a trip to Mablethorpe is planned.

There is a newsletter for staff and relatives. We felt this could be 'jazzed up' and contain photos of activities and residents, quizzes, birthdays etc. to provide a stimulus for discussion/ reminiscence amongst residents.

We were told about the connectivity with the wider community. Local brass band players had been asked in to try to engage one resident, people from a local farm had brought in animals, and local Brownies had visited.

Recommendations

We suggest

- the home continues to develop its activities. We feel the outside areas (patio and garden) could be used more to stimulate and engage residents
- that more stimulating written /visual material is available around the home, including

developing the newsletter into a more exciting format
- that a discussion is held with staff about the support they need for dealing with End-of-Life care.

Service Provider response

- We have developed a robust programme for activities.
- We have increased the hours for the activities co-ordinator.
- Seeing as the Home has a number of residents who have opted to have end of life care at Aaron View as their preferred place, staff will be adequately trained.

We would like to thank Healthwatch Sheffield for a very balanced view and rational report.

We hope to host you again when you visit our services.