

Enter and View Report

Aden House

Published March 2015

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Visit Details

Name and address of premises visited

Aden House
Long Lane,
Clayton West,
Huddersfield,
HD8 9PR

Name of service provider

New Century Care
River House,
1 Maidstone Road,
Sidcup,
Kent
DA14 5RH

Date and time of visit

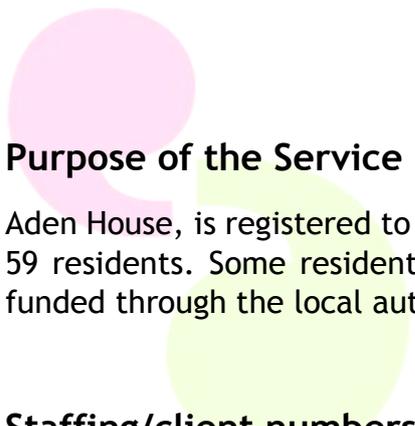
Thursday 26th March 2015, 2-4pm

Authorised representatives undertaking the visit

Shabana Ali, Katherine Sharp, Angela Horner, Lynne Keady

Contact details of local Healthwatch

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Purpose of the Service

Aden House, is registered to provide nursing, residential and dementia care for 59 residents. Some residents fund their own care, whilst others are publicly funded through the local authority.

Staffing/client numbers on day of visit

On the day of Healthwatch Kirklees' visit, there were 54 residents staying at Aden House, 14 of which are in the Butterfly unit, which is the Dementia Unit. We were told that staff present on the day were, Lisa Boyd (manager), 2 shift leaders, 8 carers, 2 activity co-ordinators, a cook, an assistant cook and domestic worker.

Acknowledgements

Thank you to all the service users, staff, visitors and relatives at Aden House who spent time talking to us about their experiences of using services or working here.

Thank you to Lisa Boyd for helping us to arrange our visit, for talking to us about how the service operates and for taking the time to show us around the home.

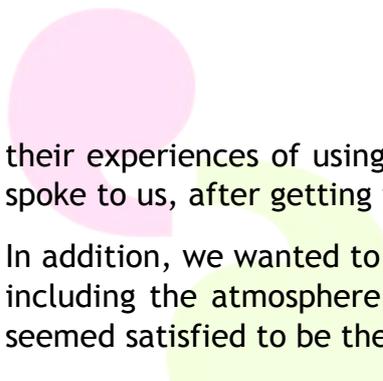
Focus of visit

The focus for this visit was to gather resident, carer and visitor feedback on how the service ensures that residents are able to make choices and feel dignified. We also looked at meal choices and activities available at the home. Our decision to visit Aden House was to learn more about the service provided in an area we have not visited before.

Methodology

We completed an announced visit to Aden House which took just over two hours. During the visit we consulted with the manager, service users, relatives, visitors and staff. We agreed that this visit would be informal.

We used prompt sheets with questions around choice and dignity, activities and food choices, but questions were not asked in a specific order nor were all questions asked of all clients. It was hoped that this unstructured method of speaking to clients would help to engage them in free-flowing discussion on



their experiences of using Aden House. We noted people's comments as they spoke to us, after getting their consent to do this.

In addition, we wanted to report on the overall impression of the Aden House, including the atmosphere, appearance and environment and whether clients seemed satisfied to be there.

Relatives, visitors and staff had the opportunity to speak to us directly or fill in a survey about their or their family member's experience whilst staying at Aden House. Both staff and visitors were left a link to the surveys to fill in online within a week of the visit.

Who we spoke to

On the day of the visit, we spoke to residents, visitors and staff. We were unable to speak to everyone on the day as some people were resting or because of the limited time of the visit.

Please note: This report relates only to a specific visit and the report is not representative of all service users (only those who contributed within the restricted time available).

Overall impression

Aden House care home is positioned on a site with another care home, Aden Lodge, from the same group, New Century Care. The driveway entrance to both homes are well signed stating both homes on the plot, as well as clear signs to identify them individually. The home is situated on a busy main road in Clayton West. There was parking front and rear with grassed areas and benches to sit on. The car park was very busy, we were told later by manager that majority of cars were visitors as staff are mostly local.

The entrance to the building was by double doors with the second set securely key coded. The door was answered quickly and in a friendly manner and we were shown to a lounge area to wait for the manager. The entrance hall was a spacious and pleasant looking area with decorative displays around in preparation for Easter. The residents' post was on view in pigeon holes in this area. On entering Aden House, two of the Healthwatch Kirklees representatives felt that the smell of urine prevailed in the entrance area, however the other representatives did not detect any odour. A few residents were sitting in the reception area.

After a short while we spoke to Lisa Boyd, manager, and gained some preliminary information about Aden House before she showed us around. She



was very receptive to our visit and welcomed any feedback on areas for service improvement. She told us that since she has been in post many changes have taken place to improve the care of all residents. Previously agency staff had been used, however this has now been reduced. There have been staff changes and she felt there was an improved team approach to the care of residents.

It was explained to us that training was in place for staff to ensure that any needs were identified, delivered and met the requirements necessary. Safeguarding training was taking place in the training room upstairs during our visit. She explained that she hopes to provide specialised, detailed dementia training to the Butterfly Unit staff at Aden House, which will complement the basic dementia awareness training that they attend at the moment. More in depth training with Alzheimer's society and Age Concern was also been developed and they are looking to have more specialist roles in the future to support those residents with dementia. Locala will provide staff training, on request (eg: on the operation of stomach pegs).

We were told that D.O.L.S reports (Deprivation of Liberty, Safeguards) are been completed on a daily basis because of the needs of some of the residents.

Lisa told us there is an open door policy for visitors but they ask them to avoid meal times if possible, although visitors can request to eat with loved ones at any time with a small charge of £1 to cover the cost of the meal. A visitor had brought a small dog to the home on a visit, however there wasn't a pet policy for residents to have pets due to allergies.

The home is a two-story building with residential and dementia units downstairs and residents' bedrooms upstairs and these were accessed via a lift or staircase. There was one lift servicing the first floor with no stair lift. All bedrooms are en-suite but don't have wet rooms or shower facilities. The bathrooms are located along the corridors; we did not visit any resident's bathrooms or toilets. There are no double rooms, but within the Butterfly Unit, there are two rooms with an interior connecting door that can be locked shut or left open. All residents have the facility for calling for assistance in their rooms.

A representative noticed that the visitors' toilet had no facilities for disabled people.

During all of the time we were visiting there was a constant ringing of what we were told later was the residents' call bells, doors opening and the entrance bell. We were told that the residents' bell is on a timer so that if unanswered after 3 minutes the bell moves up a gear in to a more frequent rapid bell. This constant noise was very distracting and made the calm environment appear very hectic after a time.

On our tour around the home we were shown the communal areas on each unit; each units has two lounges and a dining room. Lisa explained she was aware



that the dementia unit (Butterfly unit) was still in need of improvement and that it needed to be more dementia friendly. We were informed that they have many plans for this unit and are in the process of looking at a dementia mapping tool to look at what improvements could be made in this environment. In the Butterfly lounge some of the relatives present in the room were keen to tell staff that they were still waiting for the room to be made larger and for the wall between the two rooms to be knocked down. They indicated that they had been told for several years that this was going to happen. The manager supported what some of the relatives were saying about the extension to the room and indicated that she would communicate their views to the organisation.

At this time, it became evident that the chairs in the dementia unit were made of materials that were not wipe clean, but of fabric, meaning that when one resident had an incontinence accident, then the other residents and visitors were aware of this, as the offending cushion was removed to clean. The staff member dealt with this problem respectfully and quietly at the time but this could cause embarrassment to the individual in question.

Dementia unit -Butterfly Suite

The dementia unit is known as the butterfly suite and has a key-coded, locked door facility. The entrance door can be opened from the outside by visitors to the unit using a door release button.

On entering this unit there was an unpleasant smell of urine in the corridor area, we mentioned the odour later and were told that it had been noticed before and it may be a problem with the drains.

There are two lounges and a dining room on this unit. The first lounge was arranged in an unusual way with a chair in front of an access point to the adjoining room, which blocked this area off. Some chairs were also blocking the window area. The lounge appeared quite cramped and the television was playing loudly. We were told later that furniture was positioned in this way today because of a communal game that was taking place - giant snakes and ladders. The team leader said that normally the entrance is open and this room can be used by visitors for privacy when they are visiting residents.

We witnessed that during the game of snakes and ladders a giant dice was thrown by residents who were taking turns, they were supported by a staff member who moved the counters for them and they seemed to be thoroughly enjoying this. A visitor also joined in with the game. A resident we spoke to confirmed they were enjoying this game saying, *“Yes, if I could play” (laughing at the time.)*

The corridors leading to bedrooms were very long with hand rails to support independence. There were a cluster of chairs where residents were able to sit and rest or speak to visitors and these were been used during our visit.

The second lounge consisted of half lounge and half conservatory with a toilet area. Music was playing in this room at the time of our visit but no one was using this area. The conservatory seemed to be unheated and the floor was slightly sticky when walking on it. There was access to a secure garden which looked appealing. The manager informed us that she was hoping to develop this area and the garden in to a more dementia friendlier environment. There was a small receptacle in the rear (fenced off) garden area, this was located underneath a seat just outside the door into the garden. There were many cigarette ends in the receptacle, which had fallen on to its side, spilling some of its contents on to the ground. It was unclear if this was designated smoking area.

The dining room was small and we felt needed a little updating or freshen up, we were told the tables were not set for dining due to the residents removing the items.

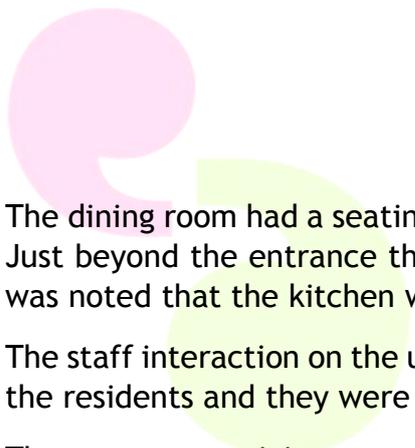
We were not able to speak to many residents on this unit due to the activity taking place or because of residents' understanding. We noticed that staff interactions were respectful at the time of our visit, with staff explaining what they were doing for residents and why. The residents in the rooms appeared to be dressed appropriately and seemed comfortable.

Residential Unit

In this unit there were two lounges and dining area. One lounge was not in use by the residents at the time of our visit but was available for their use if they wished. It was a pleasant area with seating around the outer edges of the room but we observed wheelchairs and boxes stored in here making it more like a storage room. We spoke to the manager later to discuss this and she agreed but she explained that the wheelchair needed to be easily accessible.

The main lounge was the one that residents seemed to occupy. In this area there seemed to a number of residents chatting with each other and with staff. We noticed a piano here and we were told this may need tuning. One of the walls in this area looked as it had been re-plastered recently but had not been repainted and looked untidy. We noticed there was a table blocking access to the water dispenser.

There was a "photo album and reminiscence book" located in this area but we didn't notice any books or magazines in use in the home.



The dining room had a seating area at the end of the room to relax after meals. Just beyond the entrance there were “dried drips” on the wooden flooring. It was noted that the kitchen was open and was accessible to residents.

The staff interaction on the unit was good; joking and making good humour with the residents and they were responding happily and joining in.

There was an activity co-ordinator who had a ‘lounge monitor’ badge on who was chatting with a few of the residents. Several residents were keen to let us know that they enjoyed living at Aden house. Positive comments were made about staff, the food and the activities.

Comments on choice and dignity

We noticed that the staff on duty were friendly and respectful to residents. We were told that staff are encouraged to get to know the residents and gain an insight into their younger lives; former careers and preferences generally including those relating to meals and activities and they have regular residents and relatives meetings to discuss ideas. Staff confirmed they got to know the residents by chatting to them, finding out about their life stories, doing activities, socialising with residents and talking to friends and relatives who visit. Staff also read the residents’ individual care plans.

Bedrooms can be personalised with own furniture but soft furnishings must be fire-retardant and all electrical equipment PAT tested. Residents confirmed this later on. Residents can request a TV for their bedroom, but not all do as some prefer to have just music. Residents are free to get up and go to bed when they choose. Several residents expressed a preference for having a shower or wet room area within their bedroom, rather than sharing a communal bathroom. One resident told us they had a bad back and felt uncomfortable and in pain whilst seated in the lounge area; they explained they often stayed in bed for most of the day.

The manager informed us that after a discussion with the local GPs they now visit the home at times that are more convenient for the residents and no longer visit at meal times.

The manager mentioned an idea regarding converting the currently unused lounge into a library or family visiting room or bereavement area.

Comments from residents on the residential unit

“You are not tied to anything here”



“I have been here for over 5 years. The rooms here are small and out of date. I do like the social activities, these girls do a good job. I would like to have a shower in my own room. I’d like an en-suite. I don’t like using the communal shower.”

“The staff are all friendly and helpful - if they say they will do something, they do it.”

“We know we can ask.”

“I wouldn’t change anything, I’m happy now.”

“I have been living here for about a year now and it’s very good. I like it here and would not change anything. I like the use of first names too.”

Comments from visitors:

“When my relative’s dentures broke, a dentist was quickly brought in to Aden House, in order to take an impression and provide replacements - which Aden House paid for.”

“There is good liaison between the nursing care staff and the GP.”

“She feels cared for.”

“The laundry is always returned in good condition, only socks are a problem because it is difficult to identify who they belong to.”

Comments from survey completed by staff:

All staff feel they know residents very well and three said they have enough time to talk to them, five saying ‘most of the time’, with two saying ‘sometimes’.

Comments on Food

Food is cooked and prepared on site at Aden House, the kitchen opens at 8am and a cooked breakfast is available until 10.30am. A hot meal is served for lunch at 12:15 and there is a ‘snack’ tea e.g. cheese on toast, pasties, soups. We were told that food is available outside the above times, if requested and there is a tea trolley at intervals during the day. As visitors, we were offered a drink on several different occasions during our visit. Supper is served by a trolley at 7.30pm and residents can request items such as toast or cold snacks during the night if needed. All special diets are catered for.

Meals can be taken in the dining room, lounges or in the resident’s bedroom if preferred; residents can choose. We were told there is a menu located in every

bedroom and also details of each day's menu is displayed on the white board in the dining room.

Lisa explained that picture cards are used to help residents with difficulty in verbal communication, this helps them to make choices easily. More of these visual aid cards have been ordered. The cook talks with the residents with regard to the menu regularly and relatives are consulted regarding the food preferences of residents as needed.

We are unaware if residents are able to make own refreshments or drinks at Aden House.

Comments from residents on the residential unit

"Food very good, if there is something I don't like then they will offer me something else"

"I'm not a food person, pretty good though"

"I have been here for over 2 years, the food is average. We only get two choices"

"The food is absolutely delicious."

"It's very nice; very clean, with nice food, including fish and chips."

"I have been here for 12 months now. The food's good and there is always a choice and the people are nice too."

"It's very nice; very clean - with nice food, including fish and chips."

"I can't complain about the food."

"Anything we ask for, we get."

Comments from visitors:

"Residents can ask for and be given a quality sandwich any time of day."

Comments on activity

There were two activity co-ordinators working at the time of our visit who work Monday to Friday and the very occasional weekend if necessary. They provide activities for residents living in the dementia suite and those living in residential unit. Where appropriate residents from any part of the care home may attend any activities. Activities include snakes and ladders, skittles, bowling and giant

Connect Four. Some residents make trips out to the supermarket and past trips out to Armitage's Garden Centre at Shelley were mentioned.

A church service was taking place in the residential unit at the time of our visit and residents were singing along. Later in the visit the theme tune from the old TV series "Z Cars" could be overheard, which helps to stimulate memories of days gone by.

One resident was playing hoops with a staff member, who was very encouraging while supporting them to get involved. A resident enjoyed telling us that he had enjoyed the bowling game that had been organised by the activity co-ordinators and they had previously played crown green bowling. Residents are also able to visit the hairdressing salon situated on the first floor on various days.

There are regular meetings with relatives and residents of the home to plan what residents want to get involved with and we were told there is an activity planner in all residents' rooms and on a notice board in the communal areas, although we didn't notice this on our visit. The Manager is aware that she needs to invest in more equipment for the activities.

There is also a befriender who visits Aden House, on a variable basis, between Monday and Friday to talk to the residents.

At the present time it seems that there are no activities or trips organised for residents outside of Aden house. We were told all residents are encouraged to spend time out of doors on "nice days" and there is an ice cream van that calls regularly.

Many residents confirmed they enjoyed all of the activities provided at Aden House.

Comments from residents on the residential unit

"I join in, I'm not a leader"

"Skittles, I like to dance" (demonstrated this by shaking their body)

"It depends how busy they are - we sit about a lot. We get to do puzzles and quizzes and sometimes we play ball games."



Additional Comments

When we spoke to residents about their opinion of Aden House they said:

“Beautiful”

“Marvellous, marvellous place”

“Neither, like or dislike”

“If you ask me to tell you one fault, I couldn’t give you one.”

“There is nothing I would change.”

“I love it here.”

“I keep them going, they love you” (staff member affectionately hugged the resident)

“Eighteen months ago, I wanted to die. I wouldn’t get out of bed due to excessive pain. I can now move about comfortably.”

“quite happy with my experience of Aden house”

Comments about staff:

It was confirmed by many residents that they were happy and staff were good.

“You ring for staff and they help you. I really like this place, even the boss waves to me.”

“Staff do their level best.”

“The staff are very good.”

“The care staff are an absolute delight.”

“The staff are very nice and helpful.”

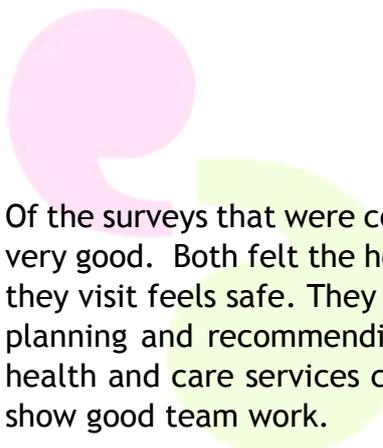
Comments from visitors:

“It’s not perfect - but my relative has lived in five residential homes altogether and has been happiest here.”

“My relative moved here as a result of a recommendation.”

Comments from surveys

Visitors



Of the surveys that were completed both said the service and personal care was very good. Both felt the home catered for individual needs and that the person they visit feels safe. They agreed they felt involved in the care received and in planning and recommending activities. They felt well supported from other health and care services coming into the home and said staff are friendly and show good team work.

When asked what is good about this care home

By Staff

“Caring and the empathy shown. The nice atmosphere”

“Staff that care and are dedicated”

“The level of care and passion the team has”

“Staff are friendly and you only work in one department, enabling you to get to know the residents better”

Staff also mentioned the food, activities and choice for residents

“Meals are lovely”

“Activities every day”

“Always have choice for residents”

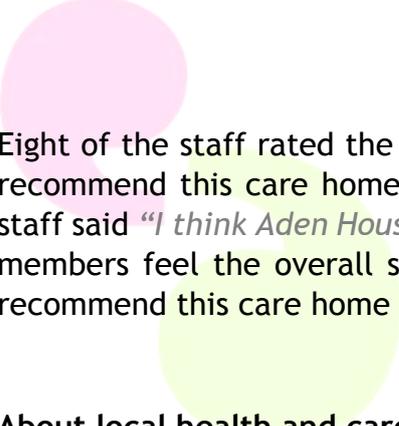
Staff said they would change:

Again, increasing the number of staff was mentioned, as well having shorter shifts and improved pay. We received one comment about management at the home needing to be *“more approachable”*, although another comment said *“management are always willing to listen”*

Staff also highlighted that they would like to see a *“more dementia friendly”* EMI Unit and that the home needs updating, *“needs modernising, more lounge space”*.

Opinion was divided when asked what is it was like to work here, three staff members said it was ‘very good’, four saying ‘good’ and three saying ‘average’.

Staff told us they were offered opportunities for further training. The majority of staff said they would feel comfortable speaking to a senior member of staff about any concerns or problems they had at work but one member said they were not sure and another said they wouldn’t feel comfortable. It was a similar picture when staff were asked if they are happy with their workload; four said ‘yes’, five said ‘most of the time’, two said ‘sometimes’ and one said ‘no’.



Eight of the staff rated the overall service as ‘very good’ or ‘good’ and would recommend this care home to their own family and friends. One member of staff said *“I think Aden House is one of the best homes in the area”*. Two staff members feel the overall service is ‘average’; one is not sure if they would recommend this care home and one wouldn’t recommend it.

About local health and care services that come into the home:

Most comments suggested that the quality of care from external agencies is very good:

“I have never met the dentist as yet but the GP’s are very hands on and I have no complaints. As for the hairdressers, they are bubbly and caring towards the residents”

One member of staff said *“they don’t spend enough time with residents and listen to staff”*

What do you think could be done to make services better for residents:

Some staff told us they would like there to be more staff and less paperwork to free up time to spend with residents. One comment was about management, *“management listening to staff instead of themselves”* A few staff said they would like the residents to have more trips out. Improvements to the environment, particularly in the dementia unit, were also mentioned as areas for development.

Conclusion

The visits to Aden House was enjoyable and we were welcomed warmly by all staff. The manager, Lisa, at Aden House has a lot of aspirations and ideas for change and should be encouraged to implement some of her ideas to improve services.

We felt the décor in many areas was in need of refreshing. The design and current layout of Aden House is not ideal and can at times lead to areas being blocked off, or having very little or no outlook but this could be improved to provide a more enjoyable and stimulating environment. The temperature we found was appropriate for the setting, neither too hot nor too cold.

The feedback given by many residents and relatives was, almost without exception, very positive and the residents appeared to be happy and contented. Many comments were about how lovely the staff were and this was good to hear.



Recommendations

1. We recommend that the rooms that are currently unused by residents such as the lounge on the residential unit and butterfly unit conservatory lounge are developed to encouraging and support residents to make better use of these. These could be used as activity or reminiscent rooms.
2. We recommend that the loud alert system used to help staff know which residents need help, doorbell and intruder alarm, needs to be re-assessed. It is irritating and intrusive and takes away from the homely environment Aden House could achieve.
3. We recommend that an allocated storage space is designed to provide a safe accessible place for wheelchairs and deliveries to be kept.
4. We recommend that Aden House assess the possibility of providing liquid resistant seating for residents who have incontinence issues.
5. We recommend that an environment to encourage group and individual engagement such as books, reading material and memorabilia to be provided in communal areas.



Provider Feedback

Enter and view Recommendations	Feedback from, Lisa Boyd Manager of Aden House
<p>We recommend that the rooms that are currently unused by residents such as the lounge on the residential unit and butterfly unit conservatory lounge are developed to encouraging and support residents to make better use of these. These could be used as activity or reminiscent rooms.</p>	<p>In the residential unit the first lounge has been tidied up, all the floor tiles that were piled up have been removed. This is now a more inviting place for residents to use. This room will be developed to be used during activity times, with a library planned for this area also. In the second lounge table lamps and a new addition of a sideboard have been purchased to create a homely environment.</p> <p>On the butterfly unit we have plans to develop the conservatory into an indoor garden to bring the outdoors-in. We are currently waiting for garden furniture for in this room. We have already got a fish tank and ornamental items to create this. We are looking at purchasing other items such as battery operated real looking candles. The lounge leading from the conservatory is to be made into a quiet area with books to read and little soft lights. Signs have been requested for bathrooms and toilet.</p>
<p>We recommend that the loud alert system used to help staff know which residents need help, doorbell and intruder alarm, needs to be re-assessed. It is irritating and intrusive and takes away from the homely environment Aden House could achieve.</p>	<p>Lisa agreed and has since passed on this information to head office, she is waiting to hear more about their decision on this matter.</p>
<p>We recommend that an allocated storage space is designed to provide a safe accessible place for wheelchairs and deliveries to be kept.</p>	<p>We are costing out purchasing a piece of furniture as a storage solution to provide a place for the wheelchairs to be kept. This may also eventually be moved into an un-used shower room.</p>



<p>We recommend that Aden House assess the possibility of providing liquid resistant seating for residents who have incontinence issues.</p>	<p>This has also been identified in the recent CQC report and had been passed to the estate manager who is dealing with this matter.</p>
<p>We recommend that an environment to encourage group and individual engagement such as books, reading material and memorabilia to be provided in communal areas.</p>	<p>There are on-going plans to develop a library area in the lounge which is currently un-used by residents.</p>