



# Enter and View Report

**Greenacres**

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## Visit Details

### Name and address of premises visited

Greenacres  
Huddersfield Road  
Meltham HD9 4AG

### Name of service provider

Ideal Care Homes  
Helios 47  
Garforth  
Leeds LS25 2DY

### Date and time of visit

Wednesday 13<sup>th</sup> August 2014 from 10am to 12pm

### Authorised representatives undertaking the visit

Laila Charlesworth and Shabana Ali

### Contact details of local Healthwatch

Healthwatch Kirklees  
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## **Purpose of the premises/service**

Greenacres is registered to provide residential and elderly mental impaired (EMI) care for 64 older people. 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 62 residents at Greenacres, as well as ten care staff, two kitchen staff, one person working in the laundry, a domestic assistant, a receptionist and the manager, Tracey Nash.

## **Acknowledgements**

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

Thank you to Tracey Nash for helping us to arrange our visit and for talking to us about how the service operates

## **Focus of visit**

The focus for this visit was to gather resident, carer and relatives' feedback on how the service ensured that residents were able to make choices and feel dignified, and to speak to staff about working at the service. Additionally, we observed the facility to get a general feel for the place and learn more about the service. Further information relating to the activities and food provided at Greenacres was also obtained.

This visit was planned based on patient feedback and a Care Quality Commission (CQC) report. We were unaware of the CQC's visit in July 2014 and only learned of it on the 14<sup>th</sup> August 2014, a few days after our Enter and View visit.

## Methodology

We undertook an announced visit at Greenacres, which took two hours to complete. During the visit we consulted with the manager, service users, relatives and staff.

It was agreed that the visit would be informal and that prompt sheets using questions based around choice, dignity, food and activities would be used, although these questions would not be used in a specific order or asked of all clients. It was hoped that this unstructured method of speaking to clients and relatives would help them to engage in a free-flowing discussion based on their experiences of Greenacres.

We introduced ourselves and noted people's comments as they spoke to us, after getting their consent. Some of the clients had mild to moderate dementia, so we spoke clearly and naturally talking about one topic at a time.

We offered extra information about Enter and View visits when needed to those that wanted it and generally kept staff conversations to less than five minutes in order to not disturb service delivery.

## Who we spoke to

On the day of the visit, we spoke to residents, relatives and staff. We were unable to speak to everyone as some people were resting, or in their rooms and also because of the limited time we had at the venue.

**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

The four year old, purpose-built, two-storey property was modern and surrounded by manicured grounds and maturing trees, many of which bore apples. The care home was well-signposted and had ample car parking to the side of the building, which was also well-maintained.

On entering the care home, we walked into the grand and immaculate entrance hall, which had a receptionist working at her desk, comfortable chairs adorned with cushions and a sweeping staircase leading up to the first floor. We informed reception of who we were and that Tracey Nash was expecting us. As the receptionist left her desk to find Tracey, we asked if we needed to sign the visitors' book and she confirmed that this was required.

Tracey was busy dispensing medication, so a member of staff led us through the ground floor to an attractive lounge, which was being used as a café. This room was beautifully decorated with a settee, chairs and tables and had a large window overlooking a pathway, garden and more mature trees. Colourful old crockery, which had been donated by relatives, was on display and there were sheets of A3 paper on the walls with stuck on vintage images of tea, coffee, cake and people, providing a talking point.

After 20 minutes, Tracey came to speak with us. We explained how we would conduct the visit and also asked her some questions about the service. We then asked Tracey to give us a short tour of the premises, which is comprised of four units or wings that all have the same layout. We were told there would be no fire alarm practice being held that day and where to go in case of an emergency.

Apart from the entrance hall, which also had two staff offices, the ground floor consisted of two units, one for residential service users and the other for EMI residents. The doorway for the residents was always open however the door leading to the EMI unit was shut and had to be opened using a switch. Both of these doorways led down their own individual short corridors that would have a clearly labelled, large disabled toilet. We would then enter a comfortable sized lounge, split into three different sections; a quieter area looking onto the garden, a cluster of chairs where residents could watch the television, and a dining area with a small preparation area and dining tables and chairs. Residents who have the ability, can walk into the garden from the lounge themselves. There is another corridor leaving the lounge, again featuring another disabled toilet, however we weren't taken any further as we had explained we were only going to speak to people in the communal areas. Tracey told us that in addition to each unit having its own lounge and garden, there are also two rooms with baths for residents to enjoy and then bedrooms follow on from there. Looking at the layout of the property, we believe that all the residents would either be looking into the garden or at the manicured lawns and mature trees that surround the exterior of the property. Tracey confirmed that all the rooms are en-suite and can be personalised. There was also a room used for hairdressing and a hairdresser would come every Monday and Tuesday to provide this service.

There are lifts linking the ground and first floors at each unit; i.e. the ground floor residential unit can access the first floor residential unit, and the ground floor EMI unit has a lift up to the first floor EMI unit. The units on the first floor have the same layout and feel as those on the ground floor. There were no unpleasant smells or stains emanating from any of the furniture or soft furnishings in the care home. There was also a quiet room upstairs which could be used by residents and relatives, if they wanted more privacy.

The two communal gardens could be accessed via the downstairs lounges and were beautiful, pleasing spaces. They are identical in layout and comprise of a wide, covered pathway with clusters of seating where people could talk and enjoy good weather. Next to the pathway would be raised planting beds and various shrubs.

The general atmosphere of the home was very calm. If music was being played, or the television on, it wasn't too loud or overpowering. Although the staff had work to do, they didn't seem to be overly rushed and were polite and friendly.

Whilst we were waiting for Tracey prior to leaving Greenacres at the end of our visit, we spotted a noticeboard in the ground floor residential unit's corridor. This displayed the Healthwatch Kirklees Enter and View poster, a colour printout of the menu for the next two weeks, a colour printout of August's activities.

## Comments on activities provided

Activities were listed on an A4 colour printout that was posted on the noticeboard of the ground floor residential unit. We did not notice if this was the case in the other units. However the font used was small (around a font 11 or 12) and we felt this could be difficult to read if you had sight problems. We wondered how many residents would access this part of the building as it would seem the areas they would regularly use are their lounges, bedrooms and gardens.

We asked the manager if there was an activity co-ordinator in place and she confirmed that Greenacres does not currently have anyone to fulfil this role. She was waiting for a tenth staff member to join the team, who will be providing activities in the late mornings after helping residents get ready after waking up. Unfortunately there were no activities taking place during our time at the care home and we noticed that EMI residents in particular

seemed very sleepy/were sleeping in the lounge that day. We witnessed very little social interaction between staff and residents in general.

Activities available to residents are hairdressing (every Monday and Tuesday), getting nails painted, chair exercises once every week and excursions such as a recent trip on a canal boat or more simple, but still pleasurable activities, such as feeding the ducks. Friends and family can see what is available for their loved ones to do, as there is an accessible Facebook page highlighting different events that take place. There were also books available to read, which were stored on bookshelves in the corridors between the lounges and bedrooms. We asked a staff member if residents could participate in any gardening at the care home, particularly because of the raised planting beds that would be easier for the elderly to access. They responded that planting had taken place, but not with the residents.

#### **Comments from residents:**

*“Good hairdresser...friendly atmosphere”*

#### **Comments from relatives:**

*“We could do with more activities and interaction. They’re more awake today, but they’re usually all asleep.”*

*“A lady comes to do chair exercises with the residents. When I was here one time, she said (loved one’s name) usually doesn’t take part. They don’t encourage residents. Some people need more encouragement. We need them to encourage them.”*

#### **Comments from staff:**

*“We do activities. Dominos, baking, paint things, play background music. Once a month we have outside entertainment.”*

*“They like going out in the garden”*

*“Not enough activities.”*

*“It is nice to sit and talk to residents. They like that.”*

*“We could do with doing a lot more with the residents.”*



## Comments on choice and dignity

When speaking to residents, the overriding feeling was that they felt that staff addressed them in a friendly manner and knew what they liked. A member of staff confirmed that staff get to know about residents' preferences through daily interaction and reading care plans.

When speaking to one resident, we immediately realised that the dentures they were wearing did not fit as these moved around whilst this person was talking. When asking the manager about this at the end of our visit, we were told that "it was all in hand" and that the only dentist in the area who undertakes care home visits had measured this person for new dentures, then lost the referral and that the care home are now waiting for new measurements to be taken. Although we understood the situation, we felt that the care home should have a more proactive approach and taken this resident to a dental practice. This would ensure that the resident's dentures would fit sooner rather than later, making them feel comfortable and able to talk and eat without difficulty.

In another section of the building where we spoke to residents, one resident kept pointing to or talking about their catheter bag. This person smelt strongly of urine and their catheter bag was rather full. Although there was a member of staff in the vicinity, the staff member only reacted to the situation after one of the Healthwatch Kirklees advisors informed them that the resident was uncomfortable about the catheter bag and wanted it to be changed. We also noticed that the colour of the urine was a darker shade of yellow, possibly indicating that the resident was not drinking enough fluids. The resident's discomfort was unfair to that person and the smell unfair to other residents, so we also feel that dignity was compromised on this occasion.

### Comments from residents:

*"I can put things I like in my room"*

## Comments on Food

Each of the four units had a dining area as part of the lounge. Residents could eat at any of these dining rooms or in their own rooms depending on personal preference. There were set mealtimes; 8am to 10am for breakfast, mid-

morning snacks, lunch was at 12:30pm followed by mid-afternoon snacks, tea at 4:30pm and then supper. Tracey explained that residents could choose to eat at other times if they so wished.

Once again, the noticeboard in the residential ground floor corridor had two A4 colour printouts of the menu for the next two weeks. We were informed that this is the case on all the units. However, the font used was small and we felt this would not be easy for some residents to read. The dining rooms had pictures of food to explain what was available to eat each day, however a relative informed us that this was not accurate as it rarely changed or matched the menu choices on offer.

All the residents we spoke to on the day of our visit said that they generally liked the food. Some residents had drinks within reach and others had none, however we did see staff getting residents drinks but were unsure if this was because the staff was aware or if the resident had asked for something to drink.

#### **Comments from residents:**

*“The food is quite nice. It varies. Depends on who is cooking.”*

*“If I say I want a small meal, they make me one.”*

*“They ask the day before. They give you a choice of food.”*

#### **Comments from relatives:**

*“I’ve never seen the food apart from at Christmas. They do get a choice; they ask what she wants.”*

## **Additional Comments**

The residents we spoke to were generally happy with the care home. However there were some concerns raised by a relative who was worried about her loved one at night time, as this seemed to be the period when they were most likely to have a fall. The relative was concerned about staffing levels at night time and the possible negative impact this had on their loved one’s safety.

Staff were happy to work at Greenacres and enjoyed looking after the residents. One staff member raised some concerns regarding doors opening outwards, which could hurt people passing by. Another staff member felt that

senior staff shouldn't be counted as care staff, as they're not always as available as the full-time carers to do this type of work.

### **Comments from residents**

When asked if they liked the care home:

*"This is the best one going. I've seen a lot of homes as part of my previous work."*

*"I'm quite happy here"*

*"Yes, we're quite happy here. They don't keep bothering us. I like that."*

*"The staff make time to talk"*

### **Comments from relatives**

*"I worry about her in the night. The accidents she has had are in the night. I'm concerned they may be short staffed."*

### **Comments from staff**

*"I've been here since it opened. I like it here."*

*"I like helping residents"*

*"We receive statutory and mandatory training. Safeguarding, continence training, medication training."*

*"I like working with the residents. I don't like the paperwork. I prefer spending time with residents."*

*"It gets too hot upstairs. When the sun is out it gets really hot."*

*"It's not always safe, the bathroom doors open outwards, people can't see who is outside behind the door. I wish they had planned it out better."*

*"Senior staff shouldn't be counted as care staff."*

## Conclusion

The overall impression of Greenacres was good. The building and its facilities were superb and overall, the residents seemed to be satisfied with the service they receive and were happy with the food and the environment. However relatives and staff voiced some concern regarding the provision of activities to keep residents stimulated, telling us that Greenacres care home was lacking in this area. Healthwatch Kirklees were also uneasy about the resident who had ill-fitting dentures and the indication that this situation had been going on for longer than desired. We would have liked to see more proactivity regarding this along with staff's reaction to residents who indicate discomfort; on this occasion a catheter bag that was getting full. We were also concerned by a relative's comments regarding their loved one's falls, which seem to mainly occur at night and their belief that this is due to low staff levels during this time.

## Recommendations

1. We recommend that the policies surrounding catheter and dental care are re-examined to encourage more proactive action towards residents' comfort and wellbeing.
2. We recommend that a larger activity plan is available for everyone to see in communal areas such as the lounge to ensure that residents and visitors are aware of the range of indoor and outdoor activities and can take part in what is available.
3. Residents within care home settings need stimulation. We recommend that the new staff member who will also be in charge of activities is allocated specific times of the day when they can solely focus on the entertainment/activity needs of the residents. Other staff should then be made aware of these times so that they don't interrupt activities or take the activity worker away to help them with other tasks.

## Provider Feedback

Enter and view Recommendations	Feedback from Tracey Nash, Manager of Greenacres
We recommend that the policies surrounding dental care are re-examined to encourage more proactive action towards residents' comfort and wellbeing.	Tracey Nash has assured us that Greenacres are dealing with this individual case.
We recommend that the policies surrounding catheter care are re-examined to encourage more proactive action towards residents' comfort and wellbeing.	Tracey Nash has assured us that Greenacres are dealing with this individual case.
We recommend that a larger activity plan is available for everyone to see in communal areas such as the lounge to ensure that residents and visitors are aware of the range of indoor and outdoor activities and can take part in what is available.	Greenacres has now created larger activity plans for everyone to see and these are changed on a daily basis.
Residents within care home settings need stimulation. We recommend that the new staff member who will also be in charge of activities is allocated specific times of the day when they can solely focus on the entertainment/activity needs of the residents. Other staff should then be made aware of these times so that they don't interrupt activities or take the activity worker away to help them with other tasks.	This has come in effect as from the beginning of September. We have had trips out arranged and daily activities that we have evidenced by documentation and photographs. We have had entertainment within the home since we opened but on occasions we have it booked for twice a week We have set times for these staff to do activities so they don't interrupt daily living tasks.