



Enter and View Report

Alwoodleigh

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Healthwatch Kirklees
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Visit Details

Name and address of premises visited

Alwoodleigh
4 Bryan Road
Edgerton
Huddersfield HD2 2AH

Name of service provider

Orchard Care Homes
The Hamlet
Hornbeam Park
Harrogate HG2 8RE

Date and time of visit

Wednesday 30th July, 2014 from 10am to 12pm

Authorised representatives undertaking the visit

Katherine Sharp and Laila Charlesworth

Contact details of local Healthwatch

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Purpose of the premises/service

Alwoodleigh is registered to provide personal and nursing care for 40 older people, ranging from respite, palliative, residential and convalescent care. 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 39 residents at Alwoodleigh, 23 of whom were in nursing care (including two in respite care) and the remaining in residential care. There were two nurses, eight carers, one cook, one kitchen assistant, laundry staff, two cleaners, an activities worker and the manager, Alvin Cranmer, who has been in this post for five weeks. Another staff member couldn't come in due to a personal emergency.

Acknowledgements

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

Thank you to Alvin Cranmer 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 Alwoodleigh were also obtained.

Methodology

We completed an announced visit of Alwoodleigh that took just over two hours to complete. During the visit we consulted with the manager, service users, visitors and staff.

It was agreed that the visit would be informal and that prompt sheets using questions based around food, activities, choice and dignity 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 Alwoodleigh. We introduced ourselves and noted people's comments as they spoke to us after getting their consent.

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, their visitors and staff. We were unable to speak to everyone as some people were resting, in their rooms, or extremely busy 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 grand four-storey Victorian property is an ex-mill-owner's house with an extension that is newer but in-keeping with the original building. The property is in a quiet location, surrounded by mature trees with a large garden to the front. It has a wheelchair-accessible pathway and patio furniture that was looked nice but needed cleaning. There was ample parking to the rear of the property.

The fire alarm was ringing as we approached the building and there was a strong smell of burnt toast. The entranceway was well signposted and consisted of an impressive vestibule area in which there was a welcome sign, a wooden bench and a used metal ashtray. This led to the front door which was wedged open. We could see a number of staff members standing in the entrance hall waiting to sign a book; no one seemed particularly worried and we assumed the alarm was caused by something they knew wasn't putting anyone in danger. We stepped inside and after a while a nurse acknowledged us and asked if we were social workers. This gave us the opportunity to introduce ourselves and to inform her that the manager, Alvin Cranmer, was expecting us.

After introductions, we signed the visitors' book, were offered refreshments and had a quick chat with Alvin to obtain some information about the home. He then showed us around the ground and first floors and explained that all the residents were free to use all the facilities no matter which floor they resided on.

The ground floor is where the residential service users dwell and comprises of two lounges, a kitchen, dining room, offices and bedrooms. The dining room had some wood panelling and seemed quite dark. It had a menu on the wall and a heated food trolley where food was stored. There were double doors leading into the hallway, which had seating in the foyer area, handrails along the corridor and pictures on the walls. There were also various information boards available for people to read regarding activities, diabetes and hearing loss.

The first floor is used for residents who need nursing care and is made up of a lounge, dining room, bedrooms, bathrooms and a room for the hairdresser. The floors are linked by a lift, which we didn't think was particularly accessible as it was a bit awkward to operate and narrow. There was also a staircase linking the ground and first floors, with a key coded door at the top. When we walked down these stairs, we could see some lovely photos of staff and residents and felt it was a shame that only those people who were mobile and could walk safely up and down the stairs could see them. The only concern we had regarding this floor was the level of movement residents on this floor had. It seems that they would be extremely dependent on the already busy staff and may not have the chance to enjoy the outdoors or other rooms in the property without some level of help.

There was also an alarm on both floors that informed staff of residents who required assistance. It never stopped beeping and the sound was quite intrusive and irritating, making us wonder if the residents whose bedrooms

were close to devices felt the same way. When looking at this system there would be a letter followed by a number, helping staff identify who needed help. At one point the same letter and number flashed on the board for around ten minutes before it stopped. All the bedrooms we passed in the building had residents' names on the doors.

The manager also showed us the show-bedroom that had an en-suite toilet and shower. He explained that this facility was available in all the rooms situated in the extension, whereas rooms in the original section of the building only had en-suite toilets. Residents can bring their own furniture and soft furnishings, however these all need to be fire retardant. We did not visit the basement, where the laundry and maintenance areas are situated, or the attic where there are archives, staff and training rooms.

The home operates an open door policy for visitors, however if they intend to visit after 8pm they are advised to ring ahead to save on waiting time as the door is locked.

Overall, the property was a very grand old building with high ceilings and many original features. It seemed clean with no obvious stains, however a few areas did smell of urine or other strong odours. Although the building was very large and airy (especially the ground floor), it was not particularly warm or welcoming and many of the rooms felt dark. It was felt that the décor around the home needed some brightening and freshening up. The home seemed a little hectic in the corridors at times with staff moving quickly from job to job, however this was not evident in the lounges where the atmosphere was more relaxed.

Comments on activities provided

We were told by the manager that there is an activity worker in place at Alwoodleigh who works Tuesdays to Fridays. We do not know who executes the activities on Mondays when he is not at work. The activity worker focusses on the activity needs of the residents and only carries out occasional carer roles at weekends, or above and beyond his position as activity worker. He is also holding more activities outside, taking advantage of the good weather.

We noted that there were large activity plans available for everyone to see on both the ground and first floors. However they did not coincide with each other and need to be co-ordinated. The activities available (taken from the activities planner on the first floor) were as follows:

- Monday: One-to-ones and reading
- Tuesday: Pampering
- Wednesdays: Exercise and bingo
- Thursday: Residents' choice and reminiscence
- Friday: Exercise and film
- Saturday: Social and quiz
- Sunday: Church and table-top activities

A singer usually visits the home every Friday and there are also books available to read in the upstairs lounge. Two hairdressers come in once a week and seem very much in demand, having attended to 22 residents the previous day. When speaking to residents about activities, we received a mixed response. Some didn't seem too bothered whilst others told us that they liked to move around depending on what they wanted to do.

There are two lounges on the ground floor, one with wood panelling on all the walls with large windows, a window seat, chairs and sofas. The exercise was taking place in this room during our time at Alwoodleigh. However the door was closed, maybe making it a bit daunting for anyone to join if they came a bit later. When we later returned to the room, the activity worker was reading to some of the residents.

The second lounge was used mainly for viewing television or for games such as dominos or cards. Chairs were lined up along the sides of the three walls, with the television against the fourth wall for everyone to watch. It didn't seem a particularly sociable area, although we noticed some residents chose to sit next to others whilst others sat alone. The other lounges in the building were set up in the same way.

Socialising outside the home is also encouraged. The home has a mini-bus and they recently took Alwoodleigh residents to visit another home, Haven Lodge, in Normanton. The residents at Haven Lodge will then be coming to visit Alwoodleigh on the 30th of August to enjoy the home's summer fair and barbeque.

The manager has many ideas and is trying to improve the gardens, which had been previously neglected. He also wants to make some additions such as a vegetable patch and a memorial garden. A resident we spoke to later during our visit said that they would like a greenhouse; another told us that they had already done some gardening outside, so Alvin's ideas could be appreciated by the residents.

Comments from residents:

When asking residents about the activity worker:

“He is trying very hard to make it better for us”

“I go out with him on outings”

“I do exercise and bingo. If there are trips out, I go on short ones.”

When asking residents about activities:

“I go out twice a week”

“I like to watch TV. I’m not bothered about activities.”

“I like shopping into town”

“We go for walks outside”

“Same things over and over but I like Coronation Street”

“I had my hair done yesterday”

“We couldn’t get outside yesterday. It was too hot.”

“I don’t find any of the activities here good at all...I can’t concentrate.”

“We’re alright with our activities!”

“They go off on trips sometimes and leave me here because of my wheelchair, but I understand”

Comments from staff:

“We do structured activities, trips every week and one-to-ones where I read to them”

“Singers come on Fridays - most Fridays, budget-allowing”

“Residents have enough to do”

Comments on choice and dignity

The home was very busy on the day of Healthwatch Kirklees' visit and we noticed people had to wait for long periods of time before the front door was answered. There is a switch that opens this door, however it is quite high up and would be impossible for those in wheelchairs or with limited movement to access. One resident went outside, taking their buzzer in order to alert staff when they wanted to come in. However the long waiting time we had witnessed made us wonder how long this resident would have to wait before re-entering the building and takes away from creating a more homely atmosphere.

At the same time, a resident in a wheelchair was alone in the ground floor dining room. This person couldn't get out because one of the double doors was shut. While we were waiting for this person to get help, this resident was getting increasingly frustrated. By the time a carer came to move them, open the other door and then help them out of the dining room, the resident was shouting, "Push me! Push me!" angrily. The carer responded calmly and patiently but other residents said this person was a troublemaker, however having witnessed the length of time this person was in a position where they felt entrapped, we could understand the level of anger.

When we questioned residents if they felt their privacy was respected, the overriding impression was this was indeed the case and that doors were always knocked before staff entered a bedroom. However one resident told us that they had to wait so long for help that they didn't have to worry about their privacy, as they are always ready and waiting by the time a carer or nurse responds.

The residents we spoke to confirmed that they could get up and go to bed whenever they wanted. However if it was a shower or a bath day, they would have to wait in their room for the carers to come and help them. Another resident told us that they could choose whether they are going to have a bath or a shower, which they can have three times a week. One resident told us that they initially felt involved in the decisions made regarding their care, but that it now felt like nothing was changing and things were "just going along the same".

Residents confirmed that they can have their bedrooms how they want. However one resident told us that the rooms are very warm and that the rooms in the newer section of the home are too small.

When asked, residents were happy with how they were addressed.

Comments from residents:

"I can't change my room, mine is too small"

When commenting on the staff:

"They take a long time to get to us"

"They can take a long time to answer calls or the door. They don't do themselves any favours."

"They are nice"

Comments from staff:

"Today's a bit busy"

"They (the owners) only see the quantity of residents, not the quality. There might be a few residents, but they have a lot of complex needs between them."

"Care staff get stressed and leave and it's not fair on the residents"

"I don't have time to talk to the residents. I don't like it when I can't do my best"

"I like it here"

"It's not always busy"

"It's quantity, not quality to the owners. The more stressed a carer, then problems occur."

"We very rarely have time to talk to residents. It's all care plans and admin."

Comments on food

The cook starts at 7am and although there are set mealtimes, there is a hot trolley in the dining room enabling people to eat at other times if they wish to

do so. Each resident is given two choices of food to eat for each meal and asked for their preference. However the manager told us that there is room for manoeuvre regarding food choices, although he felt that the summer menu was too limited (echoed by some comments we received from residents) and was looking to change this. One resident also voiced some concerns about staff eating food made for the residents, although there was no evidence of this during our visit to Alwoodleigh.

There were dining rooms on both the ground and first floors and the manager told us that residents could eat wherever they want, including in their own rooms.

One area of concern was that carers struggled to get all the residents ready in time for breakfast, i.e. if one resident takes them half an hour to help, this pushes back the time for everyone else meaning that some residents end up having a late breakfast, then don't eat lunch because they aren't hungry and then they are famished for dinner time. The knock-on effect from the lack of staff compared to the complex needs of some residents is a theme we came across on a few occasions at the home.

Comments from residents:

"Yes, it's quite alright"

"The food is quite nice"

When asked about a favourite meal: "she does something special for me"

"I love the food, the cook makes me what I want"

"The cook's excellent"

"You can be guaranteed to get something nice"

"I don't like it"

"If I ask for a cup of tea, it usually comes cold"

"I can't grumble"

"I can eat whenever I want"

"We get very nice meals here"

"We get rubbishy food"

Additional comments

All the staff we spoke to seemed to genuinely care about the residents at Alwoodleigh. We did not have the chance to speak to many of them as they were very busy. Unfortunately, apart from the activity worker, we did not experience any other staff members interacting socially with the residents and we feel this is because they are too busy.

There is also some concern with regards to medical treatment of residents. A visitor who comes from a medical background told us that they weren't happy with the medical treatment of their loved one. A staff member confirmed that there are issues; they told us that medication is not given when scheduled and this is because of the demands on nurse and carers' time. The general impression we got from staff was that although on paper there are enough carers for the number of residents; the complex needs of the residents makes tasks take much longer than expected. This has a domino effect from when the residents wake up until they go to bed, as the staff are playing catch up from the very beginning. One staff's comment was, "one resident can take you thirty minutes so how about the others that need help?"

Comments from residents

"The staff are alright"

"I've been here a long time. I'm fed up of it."

"I'm in good hands here. Very good hands."

"It could do with improving"

"The staff do very well but there aren't many"

"I like it here. It's nice isn't it? Everything's nice."

"It's comfortable here"

"I don't go so often (in the garden)"

Comments from relatives and carers

“Very happy with it as we are”

Comments from staff

“There is usually one nurse a day”

“The happier the staff, the happier the residents”

“It’s good to work here. I love to work here.”

“All the staff are team players”

“It’s 11:30am and none of the carers have had a break yet”

“I like this home very much”

“There are not enough staff”

“We need more staff but everything depends on budget”

Conclusion

The overall impression of Alwoodleigh was mixed. The new manager is enthusiastic and has a lot of ideas. He seemed to genuinely want to introduce positive changes to improve residents’ experiences at Alwoodleigh.

We had some misgivings on some other aspects of the home. We felt that dignity of residents could be compromised on occasion, e.g. the resident in a wheelchair who could not leave the dining room. We were also concerned about the residents’ ability to go outside when they wished to do so, especially those who dwell on the first floor. Although the staff had the residents’ needs in mind, the difficulties of providing medication on time and the ability for residents to eat at appropriate times (at a time of their choosing) were not being met. However, the response from residents was on the whole, positive. Healthwatch Kirklees felt that all the staff wanted to perform to their best ability and cared about the residents at Alwoodleigh, but the pressures on their time made it impossible to do so.

Recommendations

1. The medication policies and procedures need to be re-examined to ensure safety procedures are met.
2. Policies surrounding resident access to appropriate mealtimes (for themselves) need to be re-assessed, as currently some residents may be eating at later than desired times.
3. Access to the outdoor areas of the home need to be made more accessible.
4. Action needs to be taken to make certain areas of the home more wheelchair accessible, such as the dining room and its double doors.
5. The activity plans on both the ground and first floors need to be the same so that residents on both the floors can attend events on the right day, possibly increasing the chance for more interaction between both the floors.
6. The loud alarm system used to help staff know which residents need help and where needs to be re-assessed. It is irritating and intrusive and takes away from the homely environment Alwoodleigh could achieve.
7. The seating arrangements in the lounge could be changed into small clusters to encourage more socialising between residents.

Provider Feedback

Enter and view Recommendations	Feedback from Alvin Cranmer, Manager - Alwoodleigh
The medication policies and procedures need to be re-examined to ensure safety procedures are met.	Regular medication audits are completed by the home manager, deputy manager and the compliance officer.
Policies surrounding resident access to appropriate mealtimes (for themselves) need to be re-assessed,	A meeting with myself, head cook and residents to discuss the whole issue around meals and menu.

as currently some residents may be eating at later than desired times.	
Access to the outdoor areas of the home need to be made more accessible.	The four fire exits are alarmed for security purposes. Similarly the front door is on a coded lock. All alarms and locks de-activate when the fire alarm is activated. Residents are free to come and go as they wish. The garden, patio area and rest of the grounds are easily accessible by the wheelchair ramp.
Action needs to be taken to make certain areas of the home more wheelchair accessible, such as the dining room and its double doors.	Door guards are fitted to the dining room doors. Staff have been told to activate the door guards when the dining room is in use and a sign placed on the door.
The activity plans on both the ground and first floors need to be the same so that residents on both the floors can attend events on the right day, possibly increasing the chance for more interaction between both the floors.	The activity board is not a planner, just merely to advise residents and visitors of the sort of things that can be done. Residents are asked daily what they want to do. To structure the activities the way suggested would be too prescriptive and deny residents choice.
The loud alarm system used to help staff know which residents need help and where needs to be re-assessed. It is irritating and intrusive and takes away from the homely environment Alwoodleigh could achieve.	I agree the alarm is loud, piercing and extremely intrusive. I have come across a very good nurse call and with your permission would like to use your remarks to help justify my case.
The seating arrangements in the lounge could be changed into small clusters to encourage more socialising between residents.	This was tried before and residents did not like it. However, I note the remark and will consult with residents and relatives at the next meeting on 30 th September 2014.