



Enter and View Report

Details of visit:	Ashcroft Nursing Home
Service address	Church Street, Cleckheaton, BD19 3RN
Service provider	Continuum Healthcare Limited
Date and time	Wednesday 16 th March 2016
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Acknowledgements

Thank you to all the service users, staff, visitors and relatives at Ashcroft Nursing Home who spent time talking to us about their experiences of using services or working here. Thank you to Tina Shortall for helping us to arrange our visit and for talking to us about how the service operates and for taking the time to show us around the Ashcroft Nursing Home.

Disclaimer

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**)

What is Enter and View?

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch Kirklees to gather opinion. The visits are not a formal inspection or part of an investigation.

Healthwatch Kirklees have a right to carry out Enter & View visits under the Health and Social Care Act 2012.

Enter and View visits give service users, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may look at a single issue across a few settings or may be in response to local intelligence about a single setting or from an area we have not visited before to understand how services work.

The Service

Purpose of the premises/service

Ashcroft Nursing Home is registered to provide 24 hour nursing care, residential, dementia care, respite and end of life care. The service can accommodate 40 residents.

Staffing and client numbers of the day of the visit

On the day of Healthwatch Kirklees' visit there were 34 residents at Ashcroft Nursing Home. Staff on the day were the manager, a nurse (who is also deputy manager), an administrator (who is also activity co-ordinator), two senior care staff (one on the terrace unit), five care assistants, three hotel staff, two kitchen staff and one handyman.

The Visit

Methodology

We completed an announced visit of Ashcroft Nursing home which took two and half hours. During the visit we consulted with residents, staff and visitors.

We agreed that this visit would be informal. We used prompt sheet 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 Ashcroft Nursing home. 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 Ashcroft Nursing Home, so we used the 'five senses' method to assess the atmosphere, appearance and smell and whether clients seemed happy to be there.

Focus/strategic driver

The focus for this visit was to gather feedback on how the service ensured that residents were able to make choices about their care. Additionally we looked at activities and food choices. Healthwatch Kirklees has not visited this postcode area before and wanted to learn more about the service and how it is run.

Who we spoke to

We spoke to residents individually or in small groups in each area. Visitors and relatives had the opportunity to speak to us directly or fill in a survey about their friend or families experiences of Ashcroft Nursing Home.

Staff had access to a survey about working at the service which they were able to post in an envelope at the time of the visit. Service users and relatives were also given instructions on how to star rate the service on our website.

Overall Impressions

Premises

Ashcroft Nursing Home is situated at the end of residential street in the centre of Cleckheaton, a short walk from the main shopping area.

As we entered Ashcroft, there was background music playing in the foyer area giving a warm homely feel to the home. The home is over five floors with access via two lifts for residents and a staircase, which most residents do not use. The manager told us they had just recently had a problem with the lift and residents were having to use the stairs with staff support, they had moved some residents to lower ground bedrooms during this time for ease.

Resident bedrooms are on the upper and lower floors, all rooms are single occupancy and twelve of these have en-suite facilities. The lower floor is split into two areas, a residential area and a dementia friendly area which is named "Terrace Way". On the day of our visit we stayed on the ground floor only.

Terrace Way - Designated Dementia Specialist Area

The dementia area is known as "Terrace Way" and is a secure area with a key coded door. It can accommodate up to six residents but at the time of our visit there were four residents living in this area. The corridor is attractively decorated to represent a street with brickwork around all residents' doors which are different colours. The doors are made to look like an outside front door on a house, they have door numbers and door knockers. Doors also had pictures of residents' interests to enable them to identify their room. The floor is covered in a tile/cobble style laminate, to look like a street. There is a map on the wall of Cleckheaton and a transfer of a lamppost on a door. An old fashioned clock hangs in this area also.

There is a small dining room with a few tables and chairs and the lounge on this unit was a small pleasant, bright room with a resident budgie, pet fish, and an old-fashioned wireless radio. We met two of the residents at the time of our visit on this unit. The garden is a secure area which is accessible to all residents on this unit.

While we were looking around it was nice to see that manager talked to one of residents and knew the names of the resident's relatives and where the relatives lived.

Residential Area

The residential area is much bigger with a visitors lounge, open plan communal lounge and dining area. The main lounge and dining room is a bright, large room, built as a conservatory; chairs were placed in two semi-circle clusters, one large, one smaller. There were other chairs placed along the outside edge of the conservatory into the dining room and some residents were sleeping in these but seemed comfortable. Residents in one of the areas seemed to be having animated conversations together. Lunch was served in the

dining room during our visit which was a relaxed, social atmosphere. Some staff sat at tables assisting people with eating. One resident sat and had lunch in a comfy chair, near to the dining area. Another resident ate their meal in the small lounge area. We were told that residents could choose where they sat to eat at mealtimes. The visitors' lounge was an area used for residents who choose to be quiet, or for visitors.

There is a small garden with a path surrounding the home which residents can access as they wish. This area has raised flower beds to make gardening accessible for all during gardening activities.

The atmosphere was friendly and busy with various activities taking place and there were no unpleasant odours. Visitors are welcome anytime as there is an open door policy, they can stay and eat with residents if wanted. A visitor confirmed this to us during our visit.

Accessibility

There are picture signs on the toilet doors in the dementia unit, also other large signs indicating different rooms. In the garden the flower beds have been raised on the residential area to make them accessible to all.

Health and safety

The lift had been out of order for a period of time prior to our visit and the home had moved some residents to bedrooms on the lower floor to accommodate this issue. It has been difficult, we were told, for some residents to access the lounge area during this time. The lift issue is now resolved.

Interactions between staff and residents

We found interactions between staff and residents respectful and caring. All staff we spoke to welcomed us with a smile. The manager was very helpful and knowledgeable about the home and enjoyed telling us about the different dementia-friendly ideas and decoration changes they had used on Terrace Way. During our visit we noticed many staff were supporting residents with their feeding needs at lunchtime and this was respectfully done. The residents' comments reflected their thoughts about the caring nature of the staff. One resident told us that they had settled in really well at the home and that staff were helpful and kind; another said they believed they were very lucky to have a place at this home.

“Really settled, staff and residents are helpful and friendly”

“Carers are good, they can't do more”

“One staff member (pointing at the staff member) cheers me up, they check I'm okay by putting their thumbs up, another once put up bunting up to cheer me up”

“Any problems, I speak to Tina”

We were told that the home try never use agency staff for care assistants, in fact one staff member has worked here for 25 years and another two for 20 years; the manager herself has been in post 15 years. The home sometimes has to use an agency nurse. Staff were in

different coloured uniforms. We were told it had been mentioned that it was confusing for visitors and residents and due to this, there was due to be a change and all staff would have similar uniforms. The only difference would be the nurses. There is a staff meeting held every three months.

Visitor's comments:

"Staff lovely, approachable, friendly"

Staff & volunteers survey:-

Staff and volunteers filling in the survey told us they knew the residents very well but views were mixed regarding having enough time to talk to residents with two saying yes enough time and five saying most of the time. Staff said they get to know the residents by talking to family friends and looking at care plans.

"To increase funds so as to employ more staff to have more one to one time with other type of residents" they felt would make services better for residents.

Staff comments about they got to know residents:

"By talking to them when getting them up in the morning and when I'm on duty"

"Through care plans and conversations on a one to one basis"

"Talk to us"

"By being their key workers mostly"

"Through the initial assessments before coming to us here we do our own care plans. Talk to them and their families/friends and other multidisciplinary teams who deal with them"

"I talk to them every day and do activities with them"

Choice and Dignity

The residents we spoke to told us that they were able to make their own choices about where they choose to spend time. Residents on the residential unit agreed they can eat where they want, *"Yes anywhere, but I choose the dining area"*. It was nice to see the home was promoting independent living; one of the residents on the dementia area was actively helping the staff member to get things ready for lunch, setting the table and seemed to be enjoying doing this. We were told residents often help by setting and clearing the tables on both the residential and dementia friendly areas.

“I like to sit downstairs, but if I wanted I could go back to my room. I wouldn’t want to sit there all day”

“I’ve got a nice room, en-suite, own fridge, which I brought with me. I come down at breakfast time, stay down until 1pm then go back up to my room and watch TV”

A monthly newsletter is produced for residents and visitors to keep them informed of what is going on; a resident asked us to pass her a newsletter during our visit and knew where they are normally kept. Residents’ meetings with relatives are held every 6 months to inform everyone what is happening in the home and any suggestions from residents and visitors are encouraged.

We were told by a resident that should they need help in the night they had a buzzer in their bedroom to call staff. A whiteboard with pictures for menu choices and words are used for residents who are non-verbal and staff are also trained to anticipate residents’ needs, such as support around hearing problems or sight, so all residents can have their needs met. A resident requested help to access the toilet while we were chatting and a staff member nearby came immediately and brought a portable screen to surround the resident before helping them to a wheelchair and taking them to the toilet. During our visit, some relatives a resident out of the home and we were told by staff that they were going to the pub and that this is something they like to do regularly.

The manager told us that people can make their own choices about furniture and bring their own TV, beds or curtains and can decorate their own bedrooms as they wish. They try to accommodate most things but everything has to comply with health and safety regulations and infection control. Pets can be accommodated if risk assessment completed.

Visitor’s comments:

“Seem well looked after. I can come whenever I like. Meals look alright and (resident) seems to enjoy them. Room very nice although (resident) been stuck in there when the lift was broken”

Food

We were told that the food at Ashcroft is all cooked on the premises from fresh ingredients. The menu is open to change and is reviewed by the cook monthly and residents have input into this. The cook caters for different dietary needs including coeliac and lactose intolerant diets. A curry option was provided as a result of a themed activity based around food. Residents are asked daily for their food choices by the cook who comes to speak to them; the menu is flexible if someone doesn’t want a meal and prefers a snack this can be accommodated. Breakfast is a full cooked breakfast or cereal and refreshments are provided mid-morning and afternoon. There is one sitting for lunch between 12-1pm.

Residents can eat where they like for meals but they are encouraged to eat in the dining room for the social aspect. Evening meal is a hot snack or sandwich. The manager told us that from the Monday after our visit, dining will be slightly different as tureens will be placed on table so that vegetables can be served from there, either by residents or staff.

At the end of our visit, in the residential dining area we noticed that two large circular tables had been moved together and the residents were busy enjoying their meal. Gravy was being served individually and according to preference. A white board was used for a resident during this time as a communication aid and for their food preferences.

Although residents don't get involved with food preparation at the minute, if anyone requested they would like to do this, it would be risk assessed at the time. Some residents, however, like to help with setting the table and clearing away at the end of meal.

When asked about the food, residents said it was good, they enjoyed it or it was just alright. One resident told us that they had asked for something to accompany their food that they enjoyed and the home got it for them.

“Food alright yes, I don't like cold food like sandwiches, I prefer hot”

“My favourite days are Friday's, as it is fish to eat, I like this with curry, I also like Sunday as it is Yorkshire puddings. I like them and they give me four with gravy”

“Lovely tea” indicating to a cup of tea being drunk

“Like the meals and sleep well here”

“Food always nice and it's clean”

Visitors can stay for lunch with residents should they wish to.

Comments from visitors:

“She eats quite well here, she didn't used to, seems to enjoy the meals”

Activities

The activities worker splits her role between admin and co-ordinating the activities and events that are provided in the home. She will normally work in this role during the afternoon and care staff will provide entertainment in the morning. During our visit the activities worker was on hand in the morning, she explained that some outside entertainers were coming in to sing today during the afternoon so she had swapped her duties around. The planned activities take place Monday to Friday; when the activities co-ordinator is unavailable the care staff take on this role.

We were told the activities at the home were many, with trips planned throughout the year such as, canal trips, visit to Ponderosa farm and the seaside. There was a display of Easter

cards on the piano which residents had made recently. The home is very community focussed, eg going to a coffee morning at Whitcliffe Mount High School. Other things are freely available during the day to get involved in, such as puzzles and magazines. At Christmas, people from local church come, the local nursery and some bell ringers.

There are two gardens at the home and residents are encouraged to get involved in growing plants, vegetables, herbs and fruit and these are used in the kitchen. The door is always open and accessible. It is always exciting, we were told by a staff member, when we eat our own grown food.

The activities provided during our visit, by staff, were nail cutting, manicures and nail painting which was happening in the main lounge of the residential area. The activities worker was chatting one to one with residents. A resident told us that they enjoyed the activities; they attended a group before coming to the home and believed that being amongst others and keeping active helped give them some emotional support. A resident talked about enjoying crafting activities but did not think they were very good at it.

On our initial look around two residents in the dementia friendly area were involved in an activity-making a large Easter egg by covering a balloon with strips of paper and paste; the care assistant was leading this activity. Later in the visit a resident was playing snakes and ladders with a staff member. A resident also explained they could join in with activities in the residential area if they chose. This was confirmed by the staff member on the Dementia friendly area explaining that they have their own activities but everyone can go to the residential area to join in if supported by staff members.

There was an activity plan displayed on the noticeboard but the font was a little small. This plan is also available on the back of monthly newsletter. Some activity sheets were on tables for residents to enjoy. Residents can contribute to the newsletter and birthdays are celebrated in this and any other news about staff changes or events.

“Sometimes play cards, games, do word-search, go for a walk outside when it’s nice-

“It’s quiet here” They agreed they were looking forward to the entertainer later

“A nice trip on the river, very nice”

“Go on trips to canal and sit in garden in good weather. Going to school, to coffee morning”

“I like it here I can go out, I sometimes go down town” the resident went on to explain they would like to go out and do more walking as that was something they enjoyed doing previously. *“I like the garden”*

Visitor’s comments:

The visitor filling in the survey said they were encouraged by staff to get involved in planning or recommending activities that are provided at Ashcroft.

“Staff encourage her to join in with things”

Staff comments:

“Transport is a big problem due to costs, we do use a community transport organisation but it’s not local. We would like to take the residents out more if we could” This they felt would make services better.

Additional Findings

Residents spoke to us about what they liked or felt needed changing at Ashcroft nursing home.

“I think it’s very good, a good place with lots of company”

“it’s alright here, I’ve nothing against it” resident explained they preferred it at a smaller home they were at before but moved here to be nearer family.

“Always nice, have my own things. This is my home”

“Nothing to dislike, always someone to talk to, if ill the look after you, I’m satisfied here”

“If I wasn’t here I’d be at home all alone”

A resident said, *“I can’t grumble”* as they were laughing and looking relaxed.

Some residents wanted to tell us about other local health and care services that came into the home. One resident explained that they had hearing and eye sight checked resulting in new glasses, and a new GP had been found. They were impressed with the thoroughness of this GP and the district nurse. Another resident wanted to sing the praises of a GP from Liversedge Health Centre who had visited the home to see them. In addition a resident told us they had seen the Chiroprapist.

Visitor surveys:

The visitor filling in the survey thought the service at the home was good and they catered for their relative’s individual needs. They rated the personal care the person receives as average and felt involved in decisions about their care. They felt the resident felt safe at Ashcroft. We were told by another visitor that a family member had worked at the home previously and they thought it was a very good home for the person they visited.

“Personally I think it’s excellent”

“I visit almost every day. She was moved from another home because we were unhappy with the care there. She was admitted to hospital with dehydration. Luckily this home (Ashcroft) had a place and they kept it until she was discharged so she never had to go back to the other place”

Staff and volunteer comments:

Staff and volunteers completing the surveys agreed it was “very good” with one saying it was “good” to work at Ashcroft. Three said that they were happy with their workload and three said most of the time while one was left unanswered. All staff and volunteers agreed that they would feel comfortable speaking to a senior member of staff if they had any problems or concerns. All but one staff or volunteer said they were offered opportunities for further training, opinions differed also on what was thought about the overall service for residents with five saying “very good” and two saying “good”. Everyone filling in the survey said that they would recommend the nursing home to their own family or friends.

Comments on what was good about this nursing home:

“We try to make it homely for the residents and also ensuring good person centred care by giving them choices and promote independence”

“The good atmosphere and care provided”

“The staff and residents”

“The residents’ choices; activities. The overall care or residents”

“It has a good homely feel as you walk in the staff are well trained and friendly and the families join in and are generous with donations”

“Because residents get looked after”

“Very good with nursing”

Four people said they would change nothing at Ashcroft Nursing Home, others made the comments below.

“I don’t think there is anything I would change at the moment”

“May be to encourage more involvement from the community in the form of voluntary work so that they can interact with larger community”

“I don’t think I would change anything, if things need changing the manager takes on board suggestions from the suggestion box and implements them if it’s in the homes best interest”

Three staff commented on the local health and care services that come into the home, one saying that they are very friendly and that they have a good relationship with them, other comments were-

“We have a good working relationship with the doctors and district nurses who come to see our residents and other people like hairdressers we deal with what residents wants”

“The doctors could visit more instead of the nurse practitioners”

Conclusion

We enjoyed our visit at Ashcroft Nursing Home and it was evident to see the residents were comfortable and relaxed with many chatting amongst themselves in the lounges. The staff interactions we witnessed were warm and caring. It was good to see that during moving residents to other places a screen was used for privacy and dignity of the person; this is something we have not seen previously. As we were there over the lunchtime period we witnessed staff helping residents with choices around food and supporting them to eat. The community links appeared really strong between the home and community settings such as school and church and this was good to see. The home presented as a friendly place to live.



Recommendations

Enter and view Recommendations	Feedback from Tina Shortall from Ashcroft Nursing home
We recommend that the activity plan is provided in a larger font so residents are able to see more clearly what activities are taking place in the home.	Thank you for highlighting to me that our activity planner would be more effective in a larger font. We gave this our immediate attention and this has now been addressed and will continue to be displayed and available in a larger font.