

Enter & View Report

Aaron Court Care Home

February 2024

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Report details

Details of Visit	
Service Address	Ramsey Way, Scraptoft, Leicester. LE5 1SJ
Service Provider	Abbey Healthcare (Aaron Court) Limited
Date and Time	Wednesday 21 February 2024, 11am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols, Moraig Yates and Dervis Duygun Fethi

Acknowledgements

Healthwatch Leicester and Healthwatch Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Healthwatch Leicestershire.

Purpose of the visit

Independent Age, a national charity, supported by Healthwatch, have developed a set of eight quality indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators.

A good care home should:

1. Have strong, visible management.
2. Have staff with time and skills to do their jobs.
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities.
5. Offer quality, choice and flexibility around food and mealtimes.
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
7. Accommodate resident's personal, cultural and lifestyle needs.
8. Be an open environment where feedback is actively sought and used.

For further information: www.independentage.org/policy-and-research/our-8-care-home-quality-indicators

To focus on recommendations from our previous visit which was conducted on 10 February 2019.

Methodology

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked) attend and make observations.

Where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.

Where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.

Speak to staff about training, turnover, support and staff levels.

Observing interactions between residents, staff, manager and visitors.

Review of previous recommendations

We reviewed the previous recommendations listed in the February 2019 report:

1. Staffing levels are reviewed, to ensure safety of the residents, especially on the lower two floors.

There are 2 nurses, 14 carers, 2 activity coordinators and 5 domestic staff members. During the night time shift, there are 2 nurses on the lower ground followed by a nurse and 2 staff members on the ground floor. On the first floor, a nurse plus 3 staff members are located. On the second floor, there are 2 nurses.

2. Attention is given to regular daily activities and special events (such as birthdays, Christmas and other holidays) to improve stimulation and quality of life of residents.

Birthdays, religious festivals and international cuisines are mainly celebrated. Special events are celebrated such as Chinese New Year, Diwali and Eid.

3. Catering is improved, including choices reflecting residents' preferences.

There is a varied choice of menu. There are special dietary needs catered for those who have religious needs and who are vegetarian. Each area will be asked their requests and concerns on their food choices by the manager.

Nutrition and food choices vary from resident to resident since every resident's needs are different. Therefore, the choices of food will be specialised according to each and every patient in order to accommodate their needs.

4. Suggestions and concerns raised by residents and their families are given proper consideration, acted on where possible, and reported back to those raising them.

Resident meetings are held every 3 months but residents have requested the meetings occur every 6 months. Meetings are communicated with a range of surveys given to residents every year that measure the quality of the care home in general including the facilities of the care home. Meetings are delivered face to face.

5. Ensure that appropriate training is provided for all staff, including non-care staff.

There is a training matrix which has 92 percent of training. Training is delivered in house and it is outsourced. CBAT, electronic training, fire training, dementia training and LPT are the fundamental

Results of the visit

External

The entrance of the home is well signposted and the home is easily accessible.

The outside of the building is well-maintained. The gardens are well preserved and are easily accessible to residents.

There is CCTV situated on-site and outside of the building. The building is accessed via a keypad.

There is car parking available at the home for visitors.

Internal

The location of the reception is easily accessible. There is a visitor's book present. There is no odour. On the lower ground, bariatric residents are found. Whereas, the ground floor involves general nursing and the first floor entails residents with dementia. The second floor has residential residents. The décor is well maintained. The furniture is in good condition. Soft furnishings are in good condition and the corridors are free of clutter. The areas appeared to be clean and organised.

There is a quiet space for visitors. The quiet space had dim lights, blue wallpaper and leaf themed curtains.

There is a main lounge where residents can watch TV on a huge cinema screen. A hairdresser room was situated there in the care home.

There were 2 lifts and 5 sets of stairs in the building. Lifts could be accessed via a keypad. On the ground floor, a kitchen and a lounge area for bariatric residents were found.

Residents

The care home has 91 rooms. It has a total number of 83 residents. All rooms are en-suite and single. There are no shared rooms.

The residents we spoke to said 'they were content'. They have choices over food, dress, drink, bedtime and personal care.

Notices

There are notice boards in the care home. The notice boards consist of a staff board, activity board and information board. On the activity staff board; painting, word games, fashion shows and arts activities are provided.

A safeguarding and CQC report is available to read in the care home.

Staffing

There are 2 nurses, 14 carers, 2 activity coordinators and 5 domestic staff members including 1 laundry room. During the night time shift, there are 2 nurses on the lower ground followed by a nurse and 2 staff members on the ground floor. On the first floor, a nurse plus 3 staff members are located. 2 nurses are on the second floor.

In addition, there are 2 maintenance staff members, 3 administration staff members and a catering team which includes a chef and 2 staff members. The management comprises a manager, office manager, clinical manager, assistant manager and unit manager.

Usually, an agency staff member will work up to 33 hours a week.

Quality Indicators

Quality Indicator 1: Have strong, visible management.

Staff told us that they feel happy and adequately supported by their manager. Staff said that they feel there is adequate cover per shift. In relation to concerns, staff are confident to speak to their manager about any issues that arise in the workplace. They also feel confident to ask their manager for further training.

One challenge mentioned by the manager, was the quality of staff. The manager said that, not being able to find the right and good quality staff, had made the recruitment process difficult for them.

Quality Indicator 2: Have staff with time and skills to do their jobs.

Staff told us that they feel appropriately trained. There is a training matrix which has 92 percent of training. Training is delivered in house and it is outsourced. CBAT, electronic training, fire training, dementia training and LPT are the fundamental bodies that carry out the training. Staff are supported to acquire further skills and qualifications.

Quality Indicator 3: have good knowledge of each individual resident, their needs and how their needs may

be changing.

The manager and staff were very interactive with the residents. All needs are met. Individual care plans are tailored to individual needs.

Quality Indicator 4: offer a varied programme of activities.

Activities are provided for residents.

Activities are tailored to individual needs. Outings are arranged. Special events are celebrated such as Chinese New Year, Diwali and Eid. The care home has a Facebook page in order to inform the families of the resident's activities and they share daily activities that have taken place.

Quality Indicator 5: offer quality, choice and flexibility around food and mealtime.

There is a varied choice of menu. There are special dietary needs catered for those who have religious needs and who are vegetarian. There is adequate support given to residents to eat and drink. Both nutrition and hydration are monitored by the manager. Each unit will be asked about their requests and concerns about their food choices by the manager. Nutrition and food choices vary from resident to resident since every resident's needs are different. Therefore, the choices of food, will be specialised according to every resident in order to accommodate their needs.

Food menus are distributed everywhere in the care home. Utensils are suitable for individual needs. The food menu is designed in a way that also caters to residents who are underweight, overweight and those who have swallowing difficulties. The menu choices have pictorial displays. There is a snack trolley that delivers snacks to the patients throughout the day. Moreover, food can be accessed by residents in the evening hours. Birthdays, religious festivals and international cuisines are mainly celebrated. There is a coffee morning on Fridays.

There is a hygiene certification.

Quality Indicator 6: ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.

Willow Brook GP Practice closely works with the Aaron Court Care Home. Due to the GP practice, patients have the accessibility to a GP which they can see on Monday and a consultant on Thursday. 3 opticians and a NHS podiatrist come into the care home when needed.

Residents are able to see a GP, optician, chiropodist, district nurse and pharmacist upon their request. Health professionals could see the patients at the GP Practice/ hospital or go out to the care home. Transportation is provided by the care home for GP/ hospital visits. Staff accompanies residents to the GP.

Quality Indicator 7: accommodate residents' personal, cultural and lifestyle needs.

Residents told us that they feel safe. For instance, no neglect, bullying or harm was reported. Residents appear great. Their nails, hair, teeth and clothes are well maintained. Privacy and dignity of the resident are maintained. Hairdressers come in twice a week.

A special menu is created for residents who have religious preferences. Shopping would be done to cater to their food needs.

Residents are able to go out and are accompanied if needed in circumstances such as shopping. The resident rooms were tidy and cosy. Toilets within the bedrooms were sanitised.

Quality Indicator 8: be an open environment where feedback is actively sought and used.

Resident meetings are held every 3 months but residents have requested the meetings occur every 6 months. Meetings are communicated with a range of surveys given to residents every year that measure the quality of the care home in general including the facilities of the care home. Meetings are delivered face to face.

Visitors' and relatives' information was displayed on the notice board. There was a quiet space for visitors.

Summary

The report reflects good practice. The staff and residents were all welcoming. Residents looked well cared for and happy. There are a variety of activities planned for residents. All celebrations such as birthdays and religious holidays are celebrated.

Resident meetings, which currently occur every three months, conducted face-to-face, gather feedback via annual surveys that assess the overall quality and facilities of the care home.

The care home offers a varied menu that accommodates special dietary needs, including religious and vegetarian options. Residents receive adequate support for eating and drinking, with the manager monitoring their nutrition and hydration. Food choices are individualised based on each resident's specific needs, with the manager regularly collecting feedback on their preferences and concerns.

Service provider response

The report was agreed with the service provider as factually accurate. They have provided the following response to the report:

Residents and staff welcomed Healthwatch into the home and shared their experiences with them this has been reflected in this report.

Aaron Court is happy place to live, work and visit.

Distribution

The report is for distribution to the following:

- Aaron Court Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City Council (LC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchll.com



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