



Evaluating Care Homes

Enter and View REPORT

Arden Court

Care Home Contact Details:

Arden Court Care Centre
Half Edge lane
Eccles
MANCHESTER
M30 9BA

Date of Visit:

5th December 2017

Healthwatch Salford Authorised Representatives:

Mark Lupton
Safia Griffin
Andy Green



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1.1 Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the borough of Salford.

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Salford safeguarding policies.

Further information about Enter and View is available at <https://healthwatchsalford.co.uk/what-we-do/enter-and-view/>.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf.



1.2 Acknowledgements

Healthwatch Salford would like to thank the Arden Court Home staff team, residents and relatives for their contribution to the Enter and View visit.

1.3 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 residents and staff, only an account of what was observed and contributed at the time.



Enter and View report for: Arden Court

2.1 Visit Details

Service Provider:	Arden Court Care Centre (Bloom Care Ltd)
Service Address:	76 Half Edge Lane, Eccles, MANCHESTER, M30 9BA
Visit Date and Time:	5 th December 2017 10.30am – 2.30pm
Authorised Representatives:	Mark Lupton Safia Griffin Andy Green
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Home

Group: Bloom Care Ltd (owner)

Person in Charge / Registered Manager: Katrina Hay (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home with nursing. Registered for a maximum of 47 Service Users

Registered Care Categories: Dementia • Mental Health Condition • Old Age • Physical Disability

Specialist Care Categories: Cancer Care • Cerebral Palsy • Colitis & Crohn's Disease • Down Syndrome • Epilepsy • Head/Brain Injury • Hearing Impairment • Huntington's Disease • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Neuropathic • Orthopaedic • Parkinson's Disease • Speech Impairment • Stroke • Visual Impairment

Admission Information: Ages 60+

Single Rooms: 47

Shared Rooms: 0

Rooms with en-suite WC: 1

Weekly Charges Guide: Not available for this report, please enquire with home

Facilities & Services: Palliative Care • Respite Care • Convalescent Care • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Television point in own room

See Care Quality Commission* (CQC) website to see their latest report on Arden Court.

** Care Quality Commission is responsible for the registration and inspection of social care services in England.*



2.3 Purpose and Strategic Drivers

Purpose

- To engage with residents of care homes and understand how dignity is being respected in a care home environment.
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.
- We asked questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden. (2016)

Surveys and questions are based on '8 care home quality indicators'.

A good care home should;

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident 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 residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Strategic Drivers

Update from CQC dataset 10 May 2017 states that there are 39 Salford Based Care Homes CQC Inspected between December 2014 and May 2017.

Each of the 39 Care Homes were rated based on a 4-scale rating;

- Outstanding
- Good
- Requires Improvement
- Inadequate

The breakdown of Care Homes and their ratings:

- 21 – were rated Good
- 17 – were rated Requires Improvement
- 1 – was rated Inadequate
- 0 – were outstanding

Salford has more homes that require improvement across all the judgement criteria compared to the rest of Greater Manchester. Based on CQC Ratings and comments received locally Healthwatch Salford have made Enter and View of local care homes a priority to contribute to the local strategic improvement plans for care homes in Salford.



3. Methodology

This was an announced Enter and View visit. On first arriving for the visit, we approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted interviews with 8 members of staff at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored. Authorised representatives also approached 6 residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services.

There were no visiting family or friends available to talk to.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.



4. Summary of key findings

Arden Court has recently undergone a change in management and this was reflected in the positive attitude of staff members. One week prior to our visit the home had received a further CQC inspection, with the initial feedback from the CQC deemed as promising and that the home was 'travelling in the right direction'.

There are a wide range of activities for residents to get involved in, although due to the nature of their physical difficulties, participation was limited. Evidence from the conversations suggested that staff included residents in decisions (where capacity allowed) with the resident being empowered to make essential choices on their daily life preferences.

There seemed to be clear communication between the manager and the care staff each day, with any changes to the resident's care noted by all. Staff felt that they could have a say in how the home is run and the manager appears to be receptive to this.

Although most residents are provided with nursing care, staff appear to involve them in making decisions on their daily life.

Recommendations following this visit were based around the themes of:

- Residents external activities
- Dignity and care (privacy)
- Updating staff and improving feedback
- Streamlining back office systems



5. Results of visit

The Healthwatch Salford Enter and View representatives were able to talk with 6 residents and 8 staff, including the Manager.

Resident Feedback

Activities

- There seemed to be a wide variety of activities for the residents to get involved in.
- 5 out of 6 residents said it was easy to take part in activities, with one resident indicating this was not the case but this could be due to deteriorating mobility.
- Some residents were able to go outside of the home if their family escorted them. 3 residents expressed an interest to be able to go out on day trips (Trafford Centre etc).

Food and drink

- Residents enjoyed mealtimes and were very happy with the choice of food. One enjoyed the communal atmosphere: "I like the company".

Religion and Culture

- Most of the residents are no longer practicing a faith, however they do feel the home would accommodate this if they so requested.

External medical needs

- Some residents go to the dentist if staff take them.
- A Physiotherapist and Occupational Therapist also comes out to visit.

Having a say

- Most residents knew to talk to the staff or the manager if they were not happy about something, but one resident felt they wouldn't know who to talk to and "wouldn't tell staff" (this resident didn't elaborate further and was given separate contact details should they or their family wish to follow up with Healthwatch Salford after the visit).

Staff and Management

- Only 3 out of the 6 residents knew who the manager was but those that knew her, felt she was a good manager.
- Generally, residents thought that the staff were also good, with one commenting "some are better than others".
- One resident mentioned that it would be better if they had more staff.
- The residents felt that the staff knew them well too.
- One resident commented that staff do not knock before entering bedrooms and felt there was "too much fuss" in assisting with washing and dressing etc.

Recommendations:

1. *The home to consider providing more options of 'days out' for those residents who would like to take part.*



2. *Staff refresher training to include dignity and respect with reference to knocking before entering a resident's bedroom.*

Staff and Manager Feedback

Activities

- The activities coordinator regularly brought in memory boxes from the local museum, planned for external singers and bands to come in and the residents also take part in a weekly quiz.
- The residents could have pampering sessions where their nails and hair get done.
- Residents are also able to play a variety of board games and can take part in armchair exercises.
- They try to do seasonal activities like pumpkin carving, Christmas card making, and they have BBQ's in the summertime.
- All residents are supported to take part in one form or another.
- A lot of the resident's lack capacity so need to be assisted to take part in things, but they are always involved in choices (e.g. when making crafts with a resident who cannot handle small object, the Carer might hold up an item and ask the resident what they would like to go on the card).
- Staff try to give residents as much support as they can to take part in activities but often it is the residents mobility which restricts them. Where this is the case, staff will still try to include the residents by giving them choice and involving them "if someone can't throw a ball, you can still let them hold it and squeeze it".
- Staff can also do 1-2-1 sessions in the resident's bedrooms for those who are unable to leave their beds.
- Staff continually ask residents what they would like to do and don't presume.

Food and drink

- There are 2 Senior Carers (1 for each floor) who will take the menus around to the residents for the following day.
- Residents can change their mind for food already chosen on the day.
- The chef will cater to the residents' choice and if there is nothing that the resident likes on the menu, the chef is able to make an alternative upon request.
- For breakfast, residents can have a choice of cereals, a cooked breakfast or just a bacon roll. If a resident gets up late, staff can still provide them with breakfast.
- They stagger food times so that all residents who need assistance can access warm food.
- The kitchen can keep meals warm for up to 2hrs so that if the resident doesn't feel hungry at the time they can eat later.
- Outside of mealtimes, tea break rounds are undertaken by the kitchen assistant and staff have access to make drinks and light snacks at any time throughout the day. The kitchen is always stocked with biscuits, cakes, fruit and snacks.



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- In the kitchen there is a chart where each resident's dietary requirements and whether they need assistance or in a certain form (pureed food, thickener etc) is documented. All staff spoken to were aware of its positioning.
- Food and fluid charts are kept in each resident's room and updated daily to ensure a healthy intake of fluids. This is checked over by the nurse who can alert staff to under consumption and put in contingency plans.
- Certain residents have diets and the home can cater for other religious and cultural needs.
- There is a communal dining area, but some residents prefer to eat in their own rooms, it's their choice.
- Staff try to get to understand why a resident may want to withdraw from eating socially and will often sit with them in their rooms so that they are not alone.
- One staff member commented that there is too much eating outside of mealtimes. Other staff said there is never a problem with not enough food.

Religion and Culture

- Information about the residents cultural or religious beliefs usually comes from the social workers support plan or resident/relative's conversation.
- There is a catholic priest who visits the home regularly and at end of life upon residents or family's request.
- The activities coordinator can escort them to church if they wish to go.
- The home will cater for religious and cultural needs but at present there does not seem to be any requests for these.

External medical needs

- An optician and audiologist visit the home every 6 months to check the residents sight and hearing.
- A GP from Salford Care Homes GP Practice visits routinely every Thursday.
- The home makes referrals for residents to see an external dentists or requests that they visit to check dentures etc.
- Nurse commissioners come in to visit the home every 6 months.
- A visiting chiropodist attends the home, but this is funded by the resident themselves unless they are diabetic or exempt from payment.
- Dietitians, speech therapists and Mental health teams also visit when required.
- Staff can escort residents to hospital outpatient appointments.

Having a say

- The manager and activities coordinator chair a resident meeting every month.
- There is a residents and family survey which is in easy read format using pictures and symbols about the home. Last survey was undertaken in September with the next one due in January.
- The home hosts family mornings and people can post comments onto the wall.



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- The Manager operates an open-door policy when it comes to staff support. Staff can have a chat about anything and often come up with useful solutions.
- The parent company, Bloom Care, lets the Manager run the home how she wants with little interference but with maximum support.
- The Manager prides herself on listening to staff.
- Residents comments are mainly about requests for basic changes to the menu which can easily be accommodated.
- All staff agreed that they felt able to have a say in how the home was run.
- At staff meetings their input is welcomed and the manager listens.
- Any external complaints raised are dealt with within 28 days. This can lead to change of practice. An example of this was that a relative recently complained about a process where the resident was admitted to hospital and following miscommunication from the ambulance crew left the resident in the hospital corridor without their family by their side. The home has now procedure to advise family to come to the home first and then follow resident to hospital or ambulance crew have family contact details so that they can let them know when they arrive at the hospital.
- One staff member felt that there was no residents meeting.
- One staff member felt that at times, depending upon who you spoke to they didn't feel listened to.

Management and Training

- The Manager has recently introduced a Senior Carers role into the organisation which gives staff the opportunity to step up and progress with their career.
- Staff are currently working towards a Medications Management qualification whereby training is supported by the Salford Care Homes Practice Pharmacist. Staff also have access to NVQ's training such as End of Life Care, Safer Recruitment Training Manager, Customer Care and level 2 & 3 in Medicines. Staff are always encouraged to develop their skills.
- The manager is "really good" & "very approachable". Staff felt that if they had any problems they were able to go to her easily. Staff felt respected and that the Manager always tries to support and resolve issues. They have regular supervisions.
- Staff seem very pleased with their jobs. "I don't know what I'd do if I didn't have my job - it's like an extended family", "making the residents smile", "got the best job in the world" "at the end of the day, that could be my mum or dad".
- One staff member mentioned that sometimes when equipment needs to be fixed, the process of getting maintenance to fix it can be long winded as the requests have to go to head office first.

Recommendations:

3. *It was unclear whether staff fully understood the function and frequency of the residents & family meetings. Staff to be briefed and encouraged to promote this valuable source of feedback to residents & family.*
4. *Evaluate the maintenance procedure to see if delays can be avoided with the decision to repair/replace equipment being made quicker at a local level.*



Environment

Arden Court is a good-sized nursing home spread across 2 floors with lift access, lounges, quiet rooms, 2 nursing stations and a spacious dining room downstairs.

The bedrooms vary in size and the home will decorate each room to the resident's taste as well as arrange to have the residents own furniture brought in.

The corridor walls were adorned with photographs of the resident's activities, colourful notices and black and white historical pictures.

There was a good level of word and pictorial signages throughout the home.

The seating throughout the home was of various heights, some chairs with arms and some without.

The garden looked spacious and accessible offering the residents some valuable outdoor space throughout the nicer weather.



6. Recommendations & Service Provider Response

Recommendation	Service Provider Response
1. Staff refresher training to include dignity and respect with reference to knocking before entering a resident's bedroom.	<i>The staff have all completed a dignity training course, although, they have all been reminded of the importance of knocking before entering a resident's bedroom.</i>
2. The home to consider providing more options of 'days out' for those residents who would like to take part.	<i>Due to the residents at Arden Court, a lot of residents require large bespoke wheelchairs, these are difficult to push outside and are not designed for days out, although, residents that can sit in an appropriate wheelchair designed for outside use, have days out arranged. We will be organising more outside activities such as barbeques and gardening activities in the large garden when the weather is brighter.</i>
3. It was unclear whether staff fully understood the function and frequency of the residents & family meetings. Staff to be briefed and encouraged to promote this valuable source of feedback to residents & family.	<i>The family and resident's meetings are more clearly displayed to avoid confusion with staff.</i>
4. Evaluate the maintenance procedure to see if delays can be avoided with equipment being repaired or replaced quicker at a local level.	<i>This feedback has been discussed with the maintenance department.</i>



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