



Evaluating Care Homes

Enter and View REPORT

Ecclesholme Residential Home

Care Home Contact Details:

Vicars Street, Eccles, M30 0DG

Date of Visit:

20 February 2018

Healthwatch Salford Authorised Representatives:

Ruth Malkin
Mark Lupton



Contents

- 1.1 Introduction 3
- 1.2 Acknowledgements 4
- 1.3 Disclaimer..... 4

- 2.1 Visit Details..... 5
- 2.2 The Care Home 5
- 2.3 Purpose and Strategic Drivers 6

- 3 Methodology 7
- 4 Summary of Key Findings 7
- 5 Results of Visit 8
- 6 Recommendations 12
- 7 Service Provider Response 12



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 Ecclesholme 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: Ecclesholme

2.1 Visit Details

Service Provider:	Royal Masonic Benevolent Institution Care Company (RMBI)
Service Address:	Vicars Street, Eccles M30 0DG
Visit Date and Time:	20 th February 2018, 13.30
Authorised Representatives:	Ruth Malkin Mark Lupton
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: Royal Masonic Benevolent Institution Care Company (RMBI)

Person in charge: Beverley Niland (Home Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Voluntary / Not for Profit Owned, Registered for a maximum of 50 Service Users

Registered Care Categories: Dementia • Old Age

Specialist Care Categories: Alzheimer's • Challenging Behaviour • Huntington's Disease • Parkinson's Disease • Stroke • Visual Impairment

Admission Information: Freemasons and dependants non-masons considered. Ages 60+.

Single Rooms: 50

Rooms with ensuite WC: 50

Facilities & Services: Palliative Care • Respite Care • Convalescent Care • Physiotherapy • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Smoking not permitted • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Bar/Cafe on premises • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Parking:

Parking on site

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

** 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 five 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 five 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. Two family members were also spoken to as they were with residents at the time.

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

This care home was well maintained with a welcoming atmosphere. Many of the staff had worked at the home for a number of years, including the manager and had been trained by the company. There was support for the manager to do their role from the wider company.

Questions were asked of residents, relatives, staff and the manager around activities, food, care, staff, management, visiting health professionals and having a say in the home, with responses being that people were generally satisfied and content.



5. Results of visit

Resident Feedback

“Great place,” residents mostly commented favourably about the range of activities available to them at the home, which included singing, dancing, playing skittles, woodwork and going for a pint. Some can go out, for example to Barton Hub for Dancing for Dementia but others were not able to go out as much as they liked. This was identified as being to do with their ability levels.

There is a choice of food and mealtimes are enjoyable. One resident said it was “not bad – warm.” One person said, “At odd times, I would like chicken.” However, there was no dissatisfaction expressed about the food.

The optician comes to the home, and a chiropodist visits. There are no visits from a priest or vicar, but the residents did not highlight this as a problem – they were confident their religious or cultural needs would be met (one identified their cultural need as Manchester United.)

Some residents spoken to stated they did not know the manager and one claimed the manager was a man. This may possibly be due to their conditions, as it appeared that the manager frequently assisted with the residents’ care. The residents who did state they knew who the manager was were complimentary and thought that she did a good job. Staff were generally well liked, “they are great, couldn’t fault them.” They have the time mostly to stop and talk to residents, and are aware of what residents do and don’t like. Residents claimed there is, “nothing to complain about” and they “couldn’t think of any improvements.”

Relative Feedback

Relatives seemed to be satisfied with the level of care. It was noted that there were some activities such as singing. One relative expressed distress at the increasing immobility of the resident they were visiting and said it was a “great disappointment he’s lost his movement”. The relative did not think the staff at the home did enough to ensure that, despite the increasing immobility, the person could join in with activities.

The impressions of the food were positive, “Valentine’s lunch was very nice.” One relative had to ask staff to help with mashing food, “kitchen staff were more help than care staff.” Some additional effort may be required to make meals more sociable as it would appear that residents sit in small groups.

Relatives said that several medical professionals visit the home including speech and language therapists and dentist/doctor.

The manager is known by the relatives, “if you catch her and tell her what you want done, she gets it done.” The staff have the skills to care for residents and make sure that their hair and fingernails are kept clean. One relative had made a complaint in the past, their family member has been in the home for a number of years, “the manager handled the complaint and it was passed down the line.”

Staff Feedback

There is a wide range of activities available for residents. Activities include music days, arts and crafts, colouring, puzzles, and armchair exercises with Salford City Council staff, “some residents don’t like



Enter and View report for: Ecclesholme

group activities”, so there are one to one activities such as music therapy. Sometimes residents go to the pub and some go to Barton Hub once a month for Dancing with Dementia. There was a panto, and trips to Barley Farm and Swinton Palais for ballroom. Staff encourage residents by participating with them. “You can only encourage residents so far. With dementia some of them walk off halfway through.” Notices are put up and staff tell families as well as telling the residents about the activities, to encourage people to take part.

Residents eat in the dining room and there are always plenty of snacks available between meals. There are food and fluid charts and food passports will be introduced shortly to enable staff to keep track of likes and dislikes. Residents have flexibility to eat outside meal times – they can sleep in and still get breakfast. There are small kitchens on each floor. It was said that, “kitchen staff go the extra mile”, and a new menu is being implemented soon. The residents had a glass of wine on Valentine’s Day.

Chiropodists and district nurses come in to attend to residents’ medical needs. There are two GP visits each week from separate surgeries. Staff take residents to the dentist. The dietician liaises with kitchen staff.

The religious and cultural needs of residents is written into the care plan. A priest comes in to do communion. When a Jehovah’s Witness was at the home, all staff were informed.

When the resident arrives at the home, there is a pre- assessment and the GP is spoken to. Staff will talk to families of people living with dementia, and will sit with residents for an hour or two to get to know them. Families are encouraged to bring photographs in.

The care plans are online, and food and fluid charts are on there too. The Speech and Language Therapy (SALT) team update staff with assessments. There are monthly weight checks. There are three handovers each day – morning, afternoon and evening. A resident was put on an antibiotic that did not agree with certain foods, so kitchen staff were made aware of this.

Staff said that there was enough time to care for the residents, “I make time.” Some days can be busier than others and paperwork has taken away from time with residents. Once the residents are known, staff know how much time each task will take which helps with time management.

Residents tend to tell us if there is anything that needs changing. Family members can always talk to the manager if they have any queries or concerns. Family members are comfortable enough around staff to be able to talk to them. There are comment boxes. An example of a resident or family member influencing the way the home is run was around lunches – a heavy lunch was replaced with a light lunch and a bigger evening meal as a result of receiving comments about this.

The home is always open for ideas and the RMBI managers visit regularly. The manager is very approachable. She will sort out problems and there are frequent staff meetings. She’s very hands on and has an open-door policy. She is very accommodating.

There is plenty of staff training, with e-learning and on the spot training for kitchen staff. Sometimes there can be too much training but there is clear staff progression from carer to shift manager for example. “The HALO research programme is really good - meeting other people from outside the organisation.”

Management



Enter and View report for: Ecclesholme

“We try to think out of the box.” The manager has been in the home for 22 years, working their way up from an NVQ placement, “I know every job in this building”. This longevity has had a positive impact on the home. She enjoys her role and gets a lot of job satisfaction.

There is a comprehensive assessment process in place which is electronic. A care plan for each resident is developed over a six-week period, and a meal plan is put in place. Every care plan is systematically updated every month and any falls are noted down formally at this point. The audits are in a locked file – staff write them and shift leaders update them, then senior staff audit them.

There are no structured activities. Examples of regular activities include baking, painting, trips, Easter Parade, board games, sing-along, even washing up can be regarded as an activity for people with dementia. Staff will sit with residents to ensure they can join in to the best of their ability, “I’ll go and sit with them. I know every resident and they will talk to me.” Activities are matched to residents’ abilities and tastes.

Staff give flexible support to residents to help them to eat. There are lots of different areas to eat, different types of dining room. There is often low music on in the background.

Vision Care come in to conduct eye tests. There is a diabetic screening at the opticians. It is difficult to organise dentists and residents have to be taken to St James House, although the dentist did come out to one resident in particular need.

An example of meeting the religious and cultural needs of residents is that a Jewish resident was catered for. A priest comes in on a regular basis for communion.

There is an emphasis on staff training at this home. NVQs are promoted, even to new staff prior to interview. There is a three-stage interview process, and potential staff members are assessed on their knowledge, interaction with residents and given a written test. There is a three-week mandatory induction training process. Then there is experiential training to experience what it is like to be fed and left alone. There is a staff meeting every morning and staff representatives can raise different aspects of the home.

To ensure that residents and their families can have a say, suggestion boxes and morning surveys are carried out. There are frequent resident and family meetings. Action plans are drawn up from feedback that is received through these methods. For example, the relatives requested an activities organiser, so a part time coordinator has been appointed. A resident with Parkinson’s was given a bed alarm and was moved to a different part of the house.

Environment

Many staff members had worked at the home for a number of years. The organisation has placed an emphasis on staff support and development that has helped to foster professional pride. There is support for the organisation from the company.

From our observations we saw staff treat residents with respect and anticipate their care. They engage with visitors and the staff team appeared to be strong and supportive of each other. The home manager took innovative approaches to resolving practical problems. An example of this is the night film club. Some residents with dementia are awake at night and their restlessness was disturbing other residents who wanted to sleep at night. A nightly film club was started for the nocturnal residents, with popcorn and drinks available. This stopped these residents from wandering around.



Enter and View report for: Ecclesholme

There is a bar available serving drinks. Breakfast is from 8am until lunchtime, as it is recognised that not everyone eats breakfast at the same time. There is a wide variety of activities, and changes are made when things don't work. Residents had good hygiene and empathy was shown by staff. Residents had assistance to move around the home and to eat and drink when they chose. Residents are encouraged to join in as fully as possible. The home is accessible, and residents are supported to maintain their independence.

Additional Notes

It was informative to visit this care home. Some of the training methods for staff outlined by the manager were innovative and appeared to be effective, as staff were caring and helpful without being patronising. Likewise, the creative approach to resolving the mix of requirements of residents was impressive.

There are cultural restrictions on who can be a resident in this home.



6. Recommendations

This home appeared to be running in an optimal fashion when the Enter and View Visit took place and the two recommendations should be taken as reminders rather than criticisms.

1. Ensure that the requirements of the Accessible Information Standard are being put into place appropriately.
2. Work with relatives and visitors to reassure them that their loved ones are able to participate as fully as possible in activities, despite increasing physical limitations.

7. Service Provider Response

Repeated requests were made but no provider response was received.



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