



Evaluating Care Homes

Enter and View REPORT

Pemberton Fold Care Home

Care Home Contact Details:

Pemberton Fold
Pemberton Street
Little Hulton
Salford
M38 9LR

Date of Visit:

11th October 2017

Healthwatch Salford Authorised Representatives:

Ruth Malkin
Safia Griffiths
Mark Lupton



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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 Pemberton Fold Care 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.



2.1 Visit Details

Service Provider:	Pemberton Fold
Service Address:	Pemberton St, Little Hulton, Salford, M38 9LR
Visit Date and Time:	11th October 2017, 10am-13:30pm
Authorised Representatives:	Ruth Malkin, Safia Griffiths, Mark Lupton
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchesalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchesalford.co.uk

2.2 The Care Home

Owner: Inspirit Care Ltd

Person in charge: Kimberley Weekes (Home Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Privately Owned Registered for a maximum of 60 Service Users

Registered Care Categories*: Old Age

Specialist Care Categories: Alzheimer's • Hearing Impairment & Deafness • Speech Impairment

Single Rooms: 60

Rooms with en-suite WC: 60

Weekly Charges Guide: Charges 'unknown,' please contact Pemberton Fold to find out

Facilities & Services: Own GP if required • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room

The latest Care Quality Commission (CQC) report, after an inspection visit on 31st May 2017, stated that the home had improved. The report also stated: "The environment was effective for people living with dementia and provided stimulation," and "staff were caring and kind."

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

* 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 two 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 seven 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 a resident 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 appeared to be a clean and well-maintained care home which catered for people in a range of circumstances including providing end of life care. The varying care needs of residents was accommodated well in the most part. There was evidence of some stress on the part of staff due to staff shortages. Managers were working to make sure that staff were supported and enabled to provide the best care possible.

The environment provided was particularly well decorated and care had been taken through running 'challenges' to maintain the high standards of décor. The use of themes throughout and also words and pictures made the home feel accessible and welcoming.

The experienced deputy manager had taken care to ensure that residents' care needs were identified on entry to the home and for the most part those care needs seemed to be met adequately. One or two residents commented that staff are busy and stressed due to low numbers, and there was a similar view expressed by a staff member.



5. Results of visit

Three authorised representatives visited Pemberton Fold. At the time of our visit, the evidence was that the home was providing what appeared to be a high standard of care in relation to dignity and respect.

The care home was clean, neutral smelling, decorated to a very high standard and clearly well maintained. There was an end of life section, which was managed appropriately to maximise comfort and minimise distress for all concerned including other residents.

Most of the residents seen on the day of the visit required reasonably high level of nursing support, and as a result, their ability to function independently e.g. setting table, going out shopping, was limited by their own health needs rather than by any difficulties presented by the home staff. This was also owing to who was available, willing and capable of speaking to the reps on this day.

We were shown round the premises by the deputy manager, who answered our management questionnaire. The residents we spoke to had various levels of nursing care requirements.

The Healthwatch Salford Enter and View authorised representatives spoke to the manager, seven residents, two staff members and two relatives.

Resident Feedback

- **Environment:**

Residents thought the home was “very nice”. There was evidence of individual choices in the rooms and the décor. It was clear that the residents thought that the home was well kept and, if necessary, they knew how to complain. “If I see something I didn’t like I’d say something, but they are all very good.”

- **Activities:**

Some people struggled to join in activities because of their increasing impairment. One resident commented she used to go out a lot but does not know because she can’t walk. She has a wheelchair but believes that staff aren’t always available to push her. Another resident appeared to agree with this. She liked to go shopping but there aren’t always enough people to help. “The Events’ Organiser is good but not always around to help out.” Bingo is provided. There are trips out. One resident, who struggled to get around, suggested that staff were too busy to help out as much as she needed to be able to join in with activities. One person commented that ...”things sometimes get changed at the last minute.” One resident commented that she liked colouring but couldn’t do it anymore. It wasn’t clear whether she would be able to do it with support that she was not getting.

- **Food:**

The food was generally noted as ‘nice’, and one resident said it was, “always very good.” It was noted that choice was “a bit more limited when you can’t shop” and you didn’t always get your first choice. Generally, the food was good and residents enjoyed mealtimes together. Cream, fresh fruit and a “big slab of cake” were listed as things one resident particularly enjoyed.

- **Religion and culture:**

Residents had regular opportunities to partake in religious services with communion being provided weekly. One catholic resident knew she could partake in services but was choosing not to.



Religious church services were clearly prioritised by staff and this was appreciated by the residents who wished to partake in this aspect of the home.

- **External medical needs:**

Residents felt empowered to get their health needs met. Most had seen an optometrist and one or two had seen a community dentist. Some were supported by relatives to get to external appointments.

- **Having a say:**

Residents reported that staff know them and know their likes and dislikes. There is a clear and simple procedure for care planning that is completed on entry to the home and all staff know where information was kept about residents.

- **Management:**

There was some uncertainty about who the manager was. However most people knew that they would be able to complain if they wanted to. One commented, simply, “no complaints.”

Friends and Family Feedback

- **Activities:**

Friends and family reported that their relatives had a choice from a variety of activities, such as trips out, singing and painting. They are encouraged to join in but not forced to. There is an awareness among relatives that activities are sometimes restricted because of the resident’s physical immobility.

- **Food:**

The food is regarded as good, although people on a restricted diet for medical reasons may not always be happy with their food. “He sometimes gets frustrated as he sees food he wants but can’t have!”

- **External medical needs:**

Medical issues are picked up quickly and dealt with effectively. The staff know the residents well and understand their medical needs.

- **Having a say:**

Staff are friendly and approachable, and relatives are confident that complaints would be acted upon appropriately.

- **Management:**

The manager is known to the relatives and relatives are welcome in the home. Staff can sometimes come across as stressed because they are busy.

Staff Feedback

- **Resident and relative involvement:**

Residents and relatives are involved in decisions about the décor in the house – there has been direct input from them into things like the floral walk. There are regular residents’ meetings, family meetings and one to ones.

- **Care Plans:**

Care plans are detailed and filed away. One member of staff seemed unsure where the files were but said that she talked to residents directly about their requirements.



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- **Nutrition:**

Menus are given out ahead of meal times and there is always a choice. Residents can order off menu. Mealtimes are sociable, and staff encourage residents by talking to them. Once the residents have eaten staff get the opportunity to sit down with residents and eat as well. Staff cater for people's different dietary requirements – for example Halal food has been provided where necessary. Meal times are regarded as an activity.

- **Activities:**

There are lots of activities for people to join in with. Weekly beauty treatments, painting, crafts and baking. There are two Activity Coordinators. They work with the residents talking to them and encouraging them to join in with the activities. Sometimes the Activity Coordinators do one to one support for residents.

- **External medical care:**

Specialists attend the centre regularly. A GP does a weekly round. District nurses can be brought in where appropriate. Residents are supported to access the nearby Walkden Gateway Centre for various medical appointments.

- **Religion and culture:**

A Church of England priest comes to the care home regularly and staff support residents to attend external places of worship where appropriate. Culturally specific food (e.g. Halal) has been provided on request.

- **Training and personal development:**

Staff have training and supervision. "We have up to date training in moving and handling etc."

- **Working environment:**

Staff communicate with each other. The manager is approachable and very supportive. We were told that, at one point, a member of staff asked for longer maternity leave and it was turned down.

- **Management:**

The management is very supportive of staff. The scheme manager is approachable and friendly. One member of staff commented that there was a refusal to discuss childcare arrangements at one point.

Manager's Comments

- **Management:**

The management of the home is person-centred. "I am a people person."

- **Care Plans:**

A care plan is drawn up when the resident enters the home. This is a person-centred review, and a summary of the information is generated. Staff write details onto the care plan three times a day. Journey mapping for each resident is also conducted on the care plan.

The report of the last CQC visit stated that the plans contained a high enough level of detail. All staff know where the care plans are. Food preferences are listed on the care plan.



- **Activities:**

There are two Activity Coordinators who provide group activities and one to one activities. The activities can vary from singing and dancing to painting, crafts and baking. Other activities include beauty treatments.

- **Medical needs:**

The staff care for residents' medical needs with regular visits from GPs and nurses to the home. Residents are also supported to access external GPs.

Environment

These judgements are based on observations made during a short morning and afternoon visit.

Pemberton Fold scored mostly 'Good' on the Observation Checklist. There was a light airy feel about the place with plenty of natural light. Our observations suggest that a high standard of hygiene is being maintained. Care has been taken to present an attractive environment with well labelled zones for residents, and 'community challenges' completed to maintain high levels of décor. The garden area is particularly well laid out, with an undercover smoking area fashioned like a bus stop.

Throughout the scheme, the different areas are set out in appropriate zones, which are labelled with text and images. Words and pictures are used consistently throughout the scheme, enhancing accessible communication and aiding wayfinding appropriately. Additional features such as internal seating areas decorated with murals added to the pleasant feel of the building. Care had been taken to ensure that decoration did not impede access for the residents who used wheelchairs or walking frames.

There was an allocated hairdressing and beauty therapy room plus a sensory and relaxation room adjacent to the activity room. There is a board up for comments and suggestions for changes from residents and families.



6. Recommendations

It is recommended that:

1. The management strive to maintain staffing levels at all time by using appropriate staff sickness monitoring, supporting staff to express their feelings about stress and time pressures, possibly by providing an online workplace counselling service for staff.
2. Staff training is refreshed to ensure that all staff are made aware of procedures for locating and updating care plans, and are fully aware of company policy around things like maternity and sickness leave.
3. A *'you said, we did'* board is added, so that residents and visitors can be very clear what changes have taken place as a direct result of residents and relatives feedback.
4. A staff board with photographs of staff next to their names is erected so that residents and relatives can quickly and easily identify who is who. This is especially important upon entrance and it is good reinforcement for residents who have conditions that affect their memory.
5. Residents and families continue to be consulted formally on decisions made on things that affect them such as activities provided, and changes to décor, through the regular residents' meetings and surveys.



7. Service provider responses

- **Staffing:**

The households within Pemberton Fold are staffed to the required dependency levels of all those we support, this is something which I assess on a regular basis as it is high priority that we are able to meet all required needs. We use the Isaac Nevill dependency tool which we use to assess all of our new admissions before deciding which household can best support a person's needs. We then reassess on a regular basis to ensure we maintain the regular reviews.

- **Absence levels:**

In regard to sickness levels we follow the absence management policy for CiC which includes a continual assessment of an individual's attendance record. There are triggers in the policy to prompt managers to have face to face meetings with staff so that absence can be addressed positively. Any absence/sickness is covered by others on a daily basis to ensure the correct staffing levels are present at all times and staff rotas and allocations can provide this information that households are staffed adequately each day/night. In an emergency there are staff on call to provide additional support.

- **Maternity leave:**

The HR policies include a maternity policy which is written in conjunction with the regulations.

- **Care & Support Plans:**

Support staff handle and complete documentation throughout the day and night. We also have a signatory sheet in each individual's support plan, which all support workers must sign once they have read the care plans.



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