



Evaluating Care Homes

Enter and View REPORT

Heartly Green Residential Home

Care Home Contact Details:

Cutnook Lane,
Irlam,
Salford,
M44 6JX

Date of Visit:

30th January 2018

Healthwatch Salford Authorised Representatives:

Ruth Malkin
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 Heartly Green Residential 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:	Hearty Green
Service Address:	Cutnook Lane, Irlam, Salford, M44 6JX
Visit Date and Time:	30 th January 2018
Authorised Representatives:	Ruth Malkin Andy Green
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

Group: Community Integrated Care

Person in charge: Martina Callan (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home with nursing – Voluntary / Not for Profit Owned. Registered for a maximum of 30 Service Users

Registered Care Categories*: Old Age

Specialist Care Categories: Hearing Impairment • Speech Impairment

Single Rooms: 30

Rooms with ensuite WC: 30

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

See Care Quality Commission* (CQC) website to see the home's latest report

* 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 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. Three 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

Generally, this appeared to be a caring and well managed home. There were some personal touches that demonstrate that the staff strive put the needs of the residents first. A large variety of activities are provided for residents. Staff are responsive but busy, and changes have been made to catering which had upset some residents.



5. Results of visit

Resident Feedback

- **Activities**

“It’s a lovely place.” Residents appreciate the range of activities available, “there’s ‘a bit of everything.” Some residents enjoy manicures and there are games played. A couple of residents have started a band and they play for the other residents. There are other musical activities as well, and these are appreciated. There are fetes and movement to music.

Some of the trips aren’t always to where people would like to go. Trips out include a trip on a canal boat, a trip to the farm and a day out in Blackpool. One resident would like a greater range of trips out.

Residents are consulted from time to time about activities and have an opportunity to influence the choice of visits. One resident recently suggested a trip to Barton Airport. Residents felt it is easy to join in with activities and people aren’t made to feel as though they have to join in.

- **Food and Mealtimes**

There is plenty of choice of food and there is enough of it. One resident commented that the food is “...very nice. My mother was a good cook, so I know the difference between poor food and good food.” Another resident claimed to be “generally happy” with the food.

However, there has been a recent change to outsource the catering to a firm that is off site. One resident thought this had been a mistake. “I’m not too fond of soups and sandwiches.” Another resident commented “I’d like them to go back to doing their own catering...I’ve told them straight.” This resident had been visiting a friend at the home for a while, and enjoying the meals, before deciding to move in themselves when they needed care. The meal times are enjoyable. The home is “very clean”.

- **Religious and cultural needs**

There are regular services led by a local priest. One resident would have liked to have been asked on a regular basis whether they wanted to attend Church.

- **Staff and care**

Residents like the staff. Sometimes they are quite busy, and don’t have time to stop, “...in a minute, in a minute.” Residents said that the new starters don’t always know what they like and don’t like, and some of the less experienced ones don’t always take the time to talk to them.

One resident commented, “you have to learn how to care, you know?” The person-centred approach at the home was shown by the development of a covered outdoor area for residents who liked to sit outside.

- **Having a say and complaints**

Residents generally didn’t think a lot needed changing but would be happy to talk to the manager, whom they knew by name, or to other staff members should a problem arise. “I wouldn’t be frightened of making a complaint. I’ve been a Union Rep.”

An issue was reported to an Enter and View representative relating to concern about the requirement to sell a property to pay for care, and the way this was being handled by the staff at the home. The resident was confused and upset about the issue and did not feel supported by staff at the home. The resident did not know where to get impartial advice.



Relative Feedback

- **Activities**

“Overall we are very pleased”. The activities for residents could be better but they are being improved.

There is a range of activities and residents are encouraged to join in but if they don't want to join in staff can't do anything about that.

- **Staff and care**

Residents are well looked after, and relatives are included in decisions about their care through regular meetings. The staff know the residents' history and tastes, for example, one relative commented “they know she likes yoga and family.” Crucially, staff are aware of residents' health and social care needs, “they looked after her really well when she came back from hospital.”

One relative commented though that they had some concern that their relative's needs were not being picked up when staff changed.

- **The home and management**

Relatives said the home was “well managed” and that they make a real effort for them, for example, at Christmas.

Staff Feedback

- **Activities**

Management is responsive to the needs of the residents. For example, an issue with activities was resolved when a new activities coordinator was appointed. This has led to a new rota of varied activities including a visit to a farm, a Valentine's party, Chinese New Year lunch, St Patrick's Day celebration.

Staff sit with residents to help with regular activities such as Bingo. Staff continuously encourage involvement and never assume.

- **Food and mealtimes**

There are buffets for special occasions.

The staff give residents assistance to eat when needed and sometimes make changes like giving residents soup in a beaker as this makes it easier. They use wine glasses for fluid so that residents feel as though it's a bit special and want to drink up. The residents are allowed to have what they want to eat or drink when they want it.

Mealtimes are made sociable with the table seating arrangements – residents are buddied up with friends. Appetito supply meals and halal food, soft drinks, purees etc. are available on order.

- **External medical needs**

The optician comes in every six months and new patients can be referred. They have to take residents to Eccles Gateway for dental treatment.

- **Religious and cultural needs**

A local Catholic priest comes in once a week to do Communion. Some residents used to be supported to go to the church next door.



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- **Residents care**

When a resident is due to move into the home, a manager or team leader does an assessment based on the social worker assessment. A care plan is written, and staff have regular handover meetings where the changing needs of residents is noted. The family is also consulted and then, when the resident moves in, staff sit down with them. “We build up a relationship with them and find out why they’ve come to us.”

Team leaders then do monthly reviews and if necessary other professionals are consulted, as a resident’s needs change. Staff generally feel that they have enough time for residents, but it was acknowledged that some days are manic. “Each day is different, and you have to go with the flow.”

There is not always enough time to speak with residents for long.

- **Residents having a say**

Residents are able to influence the running of the home – for example, a resident brought board games in to play. Family members can also come in and take residents out.

Residents are also encouraged to put forward ideas for days out and other activities.

- **Staff having a say and support**

Staff are encouraged to have their say through one to ones and staff meetings, “we can say it. Any member of staff can initiate change.”

The manager’s door is always open and there is regular training. This is especially the case with statutory training like dementia training. There are regular residents’ meetings and recently there were tasting sessions for the Appetito menu’s.

“It’s a fulfilling job”, staff find it rewarding doing what they can for the residents. “It’s nice when family members come in to say thank you”. Sometimes though it can be full on with the buzzer going and they don’t get a break.

The manager is open to ideas and approachable.

Management

The manager started as a support worker with the company more than 15 years ago, working their way up through being team leader then manager of a smaller home. They enjoy their work and feel well supported by the company. “I know the people I look after here. I care for them like they’re my own family and I tell the staff to do the same.”

When a resident arrives, the staff complete a social history and all other staff members have to sign to say they have read it. If the person lacks capacity the family are asked. Staff are encouraged to sit with family. The records are updated monthly, and the team leader and team members find out what has changed for the resident. Person centred support plans are developed.

A new activities coordinator has just started. A family meeting was held, and a residents’ meeting is planned for the near future. Residents have been asked for a wish list of visits – one suggested Manchester United and one suggested Liverpool Docks.



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Residents get one to one support to join in with activities. The local school has started a pen pal scheme. The children write letters and the residents are encouraged to reply. People have been supported to 'bling up' their zimmer frames and taken to a pop-up farm. Some residents who have advanced dementia have one to one activities.

There are two main food choices on the menu, and regular alternatives – for example, omelette or jacket potato. "Appetito has been brought in but we make some things ourselves". Everyone liked the brunch on a Saturday. "Meals were at 12.30 and 5.30 but we had feedback that lunch was too early so changed it to 1pm."

Residents are supported to eat and drink at mealtimes and outside mealtimes by staff who sit in the dining area. Staff give residents support and assistance. The staff will also make the residents something later – cake at 3pm.

They drink their juice out of wine glasses. On special occasions they drink wine! "We have music on at lunchtime and encourage them to stay on after they've eaten". One or two of the men drink beer.

It's hard to get a dentist to come in – "they'll only attend if people have certain conditions. We use EyeCare opticians, who are on call. They will train the staff to assist with eye care."

Residents are asked about religious and cultural needs when they come to the home. The activities coordinator supports them to go to church if desired. There used to be a priest coming in to take communion but that stopped due to falling demand. The church is next door.

Staff are encouraged to develop their skills through training and development. They can be trained to be team leaders. There is a traffic light system for essential training such as levels 2 and 3 in advanced care.

Staff are asked in staff meetings about things they can have an input into for example, décor. There was a recent change in shift time from 4pm – 10pm and staff were not happy about this. The change was made to give the night shift more support. The change is being discussed at the team meetings. Residents and relatives are able to give feedback on changes they'd like to see, for example the recent change of meal time, and the visiting hours. Families are encouraged to see the manager.

At team meetings complaints and comments from residents and families are discussed and staff one to ones are used to reflect on what could be done better.

Complaints are sent to the company quality department, which will assign a manager to investigate. Quples system is used to detail complaints and record staff training. The regional executive team meetings every month. There is monthly contact with the parent company. The home is rated by them against CQC standards. Actions go onto the Quples systems. For example, issues around infection control are noted here.

Environment

From what we observed the staff generally worked hard to treat residents with dignity and respect. Staff used the correct tone of voice to address residents and responded in a reasonable time to residents' requests while the Enter and View visit progressed. Residents were treated as equals and small extra requests were accommodated. Staff treated each other with respect.



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There were one or two negative comments in relation to food and diet. It wasn't clear whether residents were supported to be independent e.g. with laundry etc. It was felt that staff could come across as a bit paternalistic towards residents. However, services were accessible, and residents were encouraged to participate with activities and in the life of the home.

There was a garden area and residents were able to sit in the garden. There was a memorial garden for a resident who had died. Her husband was still a resident but unable to get out very often so staff had created a memorial garden right outside his room so that he could look out at it – a member of staff had done this in their own time.

There were two real Irlam bus stops and seats, to enable the residents to feel connected to their local area.

There were two TVs in the TV room both set to the same channel. The second had been provided because there were arguments about who could sit closest to the TV. This shows a creative approach to problem solving.

There appeared to be a high staff turnover which could affect resident care. The home was short of a quiet space and background noise was intrusive in all communal areas. There were no breaches of personal dignity observed during the visit.

There was a small child running round the corridors apparently unsupervised, who was looking into the open doors of seriously ill people and it was felt that this could have been distressing on both sides.

A variety of activities were advertised, and the home was well decorated and clean. There was evidence that identified difficulties were being addressed. Staff were generally on hand to give assistance to residents but there was feedback that sometimes staff were very busy, which could affect care.

A situation was observed where a carer could not find a hearing aid user's aids. Some feedback relating to a resident whose wife had died and who was being pressurised into signing paperwork to sell their house to pay a large care bill raised a question about the availability of independent advocacy for residents.

The home was very noisy, and this could affect residents' ability to communicate with each other, especially if they are not able to locate their hearing aids at all times.



6. Recommendations

1. Develop a quiet communal area for use by residents and relatives
2. Continue to monitor the catering company – tasting menus are a good idea
3. Ensure that new staff are able to very quickly learn about residents' likes and dislikes
4. Ensure that a regular updated staff board with photographs and names of staff is clearly visible near to the main entrance
5. Continue to ask residents about the trips they would like to go on and regularly update their preferences such as going to church
6. Be mindful of the Accessible Information Standard and the need to provide written information in a range of suitable formats as well as maintaining accurate records of the format required, updating regularly as needs change
7. Work with a local befriending service that recruits volunteers to sit with residents, which would enable staff to get on with their caring role
8. Develop links to an independent advocacy service to assist residents who are in the situation of being required to sell their home to pay for their care



7. Service Provider Response

You recommended that we made a separate quiet area this is not physically possible with the lay out of our building.

You also recommended that we got an independent person for one of our residents who stated he had to sell his house to pay for his care. This is not the case as his grandson is renting his house.



Healthwatch Salford

The Old Town Hall

5 Irwell Place

Eccles

M30 0FN

T: 0330 355 0300

W: www.healthwatchsalford.co.uk