

Barton Brook Care Home

Enter and view (May 2024)



Contents

Contents.....	3
Introduction	4
Purpose and strategic drivers	7
Methodology	8
Summary of key findings	9
Results of visit	10
Recommendations and responses	20

To request this report in an alternative format, please contact us by one of the ways below:

Healthwatch Salford

The Old Town Hall

5 Irwell Place

Eccles

M30 0FN

T: 0161 960 0316

W: www.healthwatchsalford.co.uk

E: info@healthwatchsalford.co.uk

© 2024 Healthwatch Salford – Registered Charity: 1171170 – Registered Company: 09563358

Introduction

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

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>

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/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf.

Acknowledgments

Healthwatch Salford would like to thank the Barton Brook Care Home staff team, residents and visitors for their contribution to the Enter and View visit.

Disclaimer

Please note that this report relates to findings on the specific dates set below. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed in any one unit at the time.

Visit details

Service provider	Barton Brook Care Home
Service address	201 Trafford Road, Salford, Manchester M30 0GP
Date and time of visit	Wednesday 17 th April 10.30am – 1.30pm & Thursday 18 th April 10.30am – 1.30pm
Authorised Representatives	Mark Lupton (Lead), Sam Cook, Ali Macleod, Lara Mills and Amy Lasen
Healthwatch Salford	The Old Town Hall, 5 Irwell Place, Eccles, M30 0FN Email: Info@healthwatchsalford.co.uk Telephone: 0161 960 0316 Website: www.healthwatchsalford.co.uk

About the home

Group/Owner	We Care Group
Person in charge	Clare Margrave (Manager at the time of visit)
Type of Service	Care Home with nursing – Privately Owned Registered for a maximum of 120 Service Users
Registered Care Categories	<ul style="list-style-type: none"> • Dementia • Older person • Physical disability • Respite <i>(Registered with regulator 'Care Quality Commission (CQC)' to provide these categories of care)</i>
Specialist Care Categories	<ul style="list-style-type: none"> • COPD/Pulmonary Disease • Colitis & Crohn's Disease • Hearing Impairment • Parkinson's Disease • Speech Impairment • Stroke • Visual Impairment
Other Care Provided	<ul style="list-style-type: none"> • Convalescent Care • Own GP if required • Palliative Care • Separate Specialist Dementia Care Unit
Local Authority	Salford City Council
Admission Information	Ages 65+
Room Information	<ul style="list-style-type: none"> • Single Rooms 120 • Rooms with ensuite WC 0
Facilities and services	Bar/Café, close to local shops, gardens, minibus or other transport, near public transport, own furniture if required, pet friendly (or by arrangement), phone point in own room, residents internet access, residents kitchenette, television point in own room & wheelchair access

Information taken from carehome.co.uk April 2024

Latest Care Quality Commission (CQC) report on Barton Brook Care Home: **Inadequate (Dec 2023):** <https://www.cqc.org.uk/location/1-12942775420>

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

After an initial visit to Barton Brook Care Home in late 2022, a follow-up visit was deemed necessary within a 6-12 month period to address the recommendations that were made. Considering the increased scrutiny from regulatory bodies that the home has faced since the initial visit, it was decided to update the report. This involved the enter and view team conducting a comprehensive review of the home once again.

Methodology

This was a scheduled, announced Enter and View visit to Barton Brook care home, following up on a previous visit conducted in November 2022. Upon arrival, the team consulted with a member of management to identify any residents who should not be approached due to safety, medical reasons, or inability to give informed consent.

During the visit, the home housed 84 residents. The team conducted interviews with 9 staff members and the Manager, exploring topics such as quality of care, safety, dignity, respecting residents' and families' wishes, and staff training. They also approached 10 residents and 6 relatives (some of whom completed an online survey) to inquire about their experiences with the home and other relevant topics like accessing healthcare services.

A portion of the visit was observational, with the team walking around the public/communal areas to understand the home's operations and observe how residents interacted with staff and facilities. An observation checklist was used for this purpose.

Summary of key findings

Barton Brook is a 120-bed care home operated by We Care Group in the Eccles area of Salford.

Since our last visit, the home has experienced a period of turbulence, with a change in management occurring six times. This frequent change has been unsettling for residents, their relatives, and staff. However, it was noted that there appeared to be a significant positive shift in staff morale compared to our previous visit. This improvement in morale is a positive sign amidst the changes.

Residents and relatives have mixed experiences with the activities at Barton Brook care home. While some residents find the activities enjoyable, others desire more variety, frequency, and intellectual stimulation. The home has recently acquired a digital interactive wellbeing and activities package, OOMPH!, but there is a need for more Activity Coordinators.

Opinions on the food quality and portion sizes are mixed among residents, while relatives generally find the food acceptable. The home provides a variety of food options and encourages social interaction during mealtimes.

Residents have mixed experiences with healthcare services, with some concerns about the frequency of healthcare visits and the availability of dental care and optician services. The home provides a range of healthcare services and has arrangements with a large pharmacy for obtaining prescriptions.

The home is attentive to the diverse religious, cultural, and lifestyle needs of its residents, but some residents expressed a desire for more regular religious practices.

Residents and relatives have mixed feelings about the staff and management, with some concerns about the perceived adequacy of agency staff and high staff turnover. Staff are well-informed about the residents and regularly update care plans.

Residents and relatives expressed some uncertainty about the complaint process but trust the staff's willingness to listen. The home is spacious, well-maintained, and appears clean and tidy. Staff development is a key focus in the organisation.

Results of visit

5 Enter and View authorised representatives visited Barton Brook, over a two-day period, and were able to talk to the manager, 9 members of staff and 16 residents/relatives (some relatives completed a survey online).

Some of the residents whom we spoke with were at various stages of dementia, and this was taken into account in our conclusive analysis of this report.

What the residents and relatives had to say

Activities

The residents' engagement in the care home's activities varies significantly. Some find enjoyment in chair exercises, watching TV, and occasional performances by singers. However, others that we spoke with, found the activities infrequent and uninteresting, with bingo being singled out as boring. A few residents prefer solitude, either due to personal preference or dissatisfaction with the communal facilities. There is a desire for more intellectual stimulation, such as crosswords and quizzes, and physical activities like dancing and bowling. Despite these varied experiences, one resident felt that the care home offers a wide range of activities to suit different interests.

The opportunities for external trips are limited. Some residents expressed dissatisfaction with the lack of external activities, and would like to see more opportunities to go out as the weather improves. However, some residents are content with the in-house activities provided by the care home, such as quizzes and occasional performances by singers.

The ability of residents to suggest new activities appears to be limited. One resident expressed frustration, stating that they have stopped suggesting activities as it feels like a waste of time, whilst another mentioned the desire to read daily newspapers.

Relatives of residents express diverse opinions about the activities available. They told us that some residents can't participate due to personal health issues, leading to uncertainty among relatives about suitable activities. The activities, such as bingo, quizzes, and ball games, were felt by some relatives to be lacking in variety and quantity. Relatives sometimes engage with their loved ones in activities like darts.

There's a perception from some relatives that activities cater to a limited number of residents and lack individualised one to one attention. A suggestion was made for each unit to have its own activity coordinator to better cater to all residents. More outdoor activities were suggested.

Food and mealtimes

The residents' who we spoke to had mixed opinions on the food. Some of them felt that the quality and portion sizes have declined, and there appeared to be less choice than before. Others found the food acceptable but not exceptional. A few residents have specific dietary needs, and while these are catered to upon request, they feel that the staff should proactively provide for these needs. One resident told us that for those that needed to have their food cut up into smaller portions, it was not as warm when served to them. However, some of the residents that we spoke to, appreciated the variety of choices and enjoy their mealtimes.

Residents' enjoyment of mealtimes varied. Some appreciate the flexibility of eating in different locations, such as the lounge, dining table, or their room. For residents with mobility issues, meals are brought to their bed, which may affect their social interaction during mealtimes. Some residents found the space nice and social at times, and appreciate the option to bring their own food.

Relatives told us that the food is generally liked by the residents, with one telling us their relative looked forward to their breakfast and another often asking for seconds, indicating satisfaction. The food is perceived as having good choice and quality by the relatives, with a different selection available every day. However, one felt there is room for improvement, as evidenced by them having to bring in meals for their relative. The home accommodates dietary needs by offering soft food options and allowing residents to have seconds if desired. Overall, there are no major complaints about the food.

Healthcare

Residents' experiences with healthcare services in the care home were mixed. Some residents felt that healthcare visits are infrequent and not preventative. Dental care was a concern for some, with one resident spending significant time on dental hygiene due to fear of needing to see a dentist. Optician services are sometimes available, but some residents prefer to purchase glasses

independently. Podiatry services seem to be more regular, with residents receiving foot care. Some residents have not had a need to see healthcare professionals, indicating they are generally satisfied with their health status.

Relatives told us that chiropodist services are generally available and utilised by the residents. However, there appeared to be a lack of dental and optician services within the home. Some relatives have taken the responsibility of organising these appointments outside the home due to this absence. We were told of instances where residents had lost their personal items like hearing aids, glasses, and teeth.

Religion, cultural and lifestyle needs

Religious practices among the residents varied, with some not ever having attended church regularly or just not being religious, while others, particularly those of Catholic faith, expressed a desire to attend mass. Occasional visits from a vicar and a priest are arranged, but these do not seem to meet all residents' needs, especially those who wish to attend mass regularly. Some residents recall being taken out to church services in the past, but it was felt that this practice no longer happens.

Staff and management

The residents we spoke to had mixed feelings about the staff and management. They are unaware of the new manager's identity, and while some appreciate the staff's sociability and willingness to engage in conversation, others expressed concerns about the high turnover of agency night staff which they felt made continuity of care more difficult.

Despite these concerns, the residents told us that they generally feel that the staff take the time to chat with them, which they appreciate, especially when they feel lonely. The staff are seen as social and good at engaging with the residents, with some staff members even spending their breaks chatting with the residents.

In terms of their living situation, the residents we spoke with generally expressed a sense of comfort and contentment. They described feeling at home, with some noting the importance of family visits in contributing to this feeling. However, there is also an acknowledgment of necessity, with one resident expressing happiness due to having no other place to go.

The relatives of the residents had mixed feelings about the care provided by the staff in the home. They had concerns about the adequacy of staff, particularly given the level of dementia among the residents, and high staff turnover was also seen as a concern. There were instances where they felt care appeared to be lacking, such as a resident being left in bed all day without any form of entertainment. However, relatives also describe the staff as lovely and friendly, providing support to the residents.

The relatives feel welcomed and appreciated at the home. They have established relationships with other residents and are glad to be part of the community. Despite the emotional challenge of seeing their loved ones in the care home, they found comfort in the homely environment provided, including personal touches like hanging baskets, and bird boxes outside residents rooms. The relatives are frequent visitors and often take their loved ones out, further enhancing their sense of belonging and welcome in the care home. However, it was mentioned that some new staff seemed hesitant to communicate freely and have not spent time discussing the resident's well-being, which the relatives feel is an important part of their role.

The home

With regards to making a complaint, residents of the care home expressed to us some uncertainty about the process. While some said they would speak to the staff or management, others admitted they would not know what to do. There is a sense of trust in the staff's willingness to listen, but overall, there seems to be a lack of clarity about the formal complaint procedure.

Relatives of the residents felt that they were able have a say in how the home is run. They were comfortable voicing their concerns and appreciated that they could speak directly to the manager if needed. The home holds meetings for relatives to share their ideas, but there were concerns about the workload of the activity coordinators and a query about a TV service with activities.

Relatives were aware of how to make a complaint if necessary. They have been provided with information and instructions, and they know they can email or speak directly to the manager. However, frequent changes in management over the past year have made the process more challenging. There was a general belief among relatives that complaints would be addressed appropriately.

Relatives have expressed various concerns and observations about the care home in the past. One noted that the cost of care has increased significantly, causing them additional financial stress.

While security measures are appreciated, issues with access to the building has also been frustrating.

Cleanliness and staffing levels were positively noted on the day of the visit.

What the staff had to say

Activities

Staff told us that the care home offers a wide range of activities and practices to cater to the diverse needs and interests of the residents. Themed activities are organised around events like St Patrick's Day and the Euros football tournament, and Bingo is conducted once a week. Music, quizzes, and singers are regular features, with singers being particularly enjoyed by the residents. A variety of games are played, including skittles, balloon tennis, and Velcro darts. Unique events like the Bird 'light' parade in Eccles are also organised.

Some residents can get together on Friday afternoons at the 'Moss Brook Tavern', (a small lounge area in between Moss and Irwell units) and they can also visit residents in other units when appropriate. Activities like colouring in, crafting, nail sessions, and pampering are offered. Some staff made personalised bunting, crafts and also make Christmas stockings for the residents. Individual residents' preferences are respected, with some preferring to join in more than others.

Whilst there are currently no external group trips out, staff spoke of how residents were previously taken out for meals and trips like to visit the Blackpool Illuminations. The activities offered are sometimes subject to conversation from unit managers as to the appropriateness for the residents ability.

The home has recently acquired a digital interactive wellbeing and activities package called OOMPH! This is available through each units communal TV's and will provide the residents with a more varied form of entertainment and enrichment. All staff and relatives can access OOMPH! which means that activities are no longer the sole responsibility for the two coordinators within the home.

Staff spoke of the need for more Activity Coordinators, with the current number of two deemed insufficient. It was suggested that each unit should have its own Activity Coordinator, allowing for coverage during absences. Whilst residents are encouraged to participate in activities, the capacity to answer or suggest

activities varies among them. Therefore, suggestions from those capable of providing them are shared with the rest.

The home told us that they are recruiting an additional two activity coordinators, one of which will be a senior role.

Food and mealtimes

The home provides a variety of food options through weekly menus, catering to specific dietary requirements such as religious and other dietary needs. Residents' food preferences, including likes, dislikes, and fluid levels, are communicated to the kitchen, which then creates a menu based on this information. The kitchen manager emphasised the importance of residents making their own choices and trains the kitchen staff accordingly. For example, if a resident wants to eat sausage but can't chew, they might be offered a sausage casserole or another form of the food that's easier to consume.

The home has made significant strides in food presentation, employing techniques like piping bags instead of scoops, and adhering to the international dysphagia diet standardisation initiative and correct protocols. Information about changes is communicated through staff phones and senior staff members or nurses.

Whilst there is a general consensus that there is enough choice, a few residents may not agree, which is considered normal. The kitchen is open to suggestions and maintains good communication with the residents. On one of the days visited, there were pictures missing from the meal planner on the wall, creating uncertainty from some residents regarding what was on the menu for that day.

The staff at the home are trained to assist residents with eating and drinking. Hydration stations are available in each unit, and residents are served snacks at specific times, with the option to request food in between if they are hungry. Special dietary requirements are discussed with the residents, who have a light meal and supper at designated times.

Even though some staff members don't see mealtime assistance as their primary responsibility, they still help out and offer refreshments during activities. Activities are planned around food to ensure residents are not neglected and are never left hungry. Social interaction is encouraged during mealtimes by seating friends together and engaging in conversations with residents while serving their food. Staff members try to encourage residents to eat but do not force them, maintaining a respectful and supportive approach. For those

residents who are less involved, the staff will seek ideas from their family members to increase their participation. During mealtimes, music is played and the TV is turned off to create a conducive environment for eating and socialising.

Healthcare

Staff told us that the residents at the home have access to a comprehensive range of services, including physiotherapy, chiropody, and eyecare. Dental care, which was previously a challenge, has seen significant improvements with regular visits from a dentist who can also be contacted for urgent needs and the home now has access to a community dental service at Eccles Gateway. For optician services, all residents who require optician services undergo an annual review. The opticians visit within that period, or earlier if necessary.

In addition to these services, a General Practitioner (GP) visits all units every Monday. The home has arrangements with a large pharmacy for obtaining prescriptions, offering same-day delivery if ordered before 2pm. Alternatively, in urgent situations, prescriptions can be picked up locally by staff.

The management play a crucial role in organising these services and stay informed about any changes in the residents' needs through their care plans. Opticians also visit all units to provide eye care services, although the frequency of their visits is uncertain. They are equipped to handle both routine check-ups and unplanned requests, ensuring comprehensive eye care for all residents.

Religion, cultural and lifestyle needs

From the conversations with staff we learned that the home is highly attentive to the diverse needs of its residents, particularly in terms of dietary, religious, and language requirements. Dietary needs are meticulously catered to, with the provision of Halal food for Muslim residents and vegetarian meals for those who prefer them. Past accommodations have also included gluten-free and dairy-free diets, demonstrating the home's commitment to meeting individual dietary needs.

Staff felt that religious practices were deeply respected within the home. Regular religious services, such as monthly communion for Catholic and Church of England residents, are conducted by a representative from the local parish. The inclusivity of these practices is highlighted by events like the Easter visit from a vicar, which was open to all residents irrespective of their religious beliefs. The staff's awareness of the residents' religious affiliations ensures that their spiritual needs are met.

Language needs are also addressed, as observed when a staff member used a document of simple Cantonese phrases to communicate with a Cantonese-speaking resident. This shows the home's dedication to overcoming language barriers and ensuring effective communication with all residents.

Through our feedback from staff, commitment to meeting the needs of residents was evident. They were prepared to make necessary arrangements to accommodate any specific needs, reinforcing the home's dedication to providing a comfortable and inclusive environment for all its residents.

Care for the resident

The staff at the home told us that they are well-informed about the residents, with knowledge of their names and access to their regularly updated files and electronic records. These records encompass information about the residents' needs, activities, and dietary intake. Changes in residents' preferences, such as the number of sugars in their drinks, are communicated verbally and noted in the kitchen.

The home also maintains a 'Life Story' system that documents the residents' history and family. Families are provided with printouts to assist in completing these records. For residents who have no family or are unable to communicate, staff learn about them through their behaviour and endeavour to find commonalities with other residents.

Staff meetings are held regularly, and care plans are updated using electronic devices.

The staff we spoke to expressed that they felt they had sufficient time to care for the residents, stating that the current staffing level is manageable as units are not full. However, they acknowledged that it could become more challenging if the units were full. The determination of when more staff are needed is complex as it depends on the type of resident and their specific needs, making resourcing more reactive. They mentioned that their time is not strictly regimented, and whether a care worker has enough time can depend on the individual needs of each resident.

How the home is run

Since February 2024, the home reports a low staff turnover with only two departures. One of these departures was due to retirement and the other was for maternity leave. During the same period, there have been a few additional members of staff recruited, which has enabled the home to limit its reliance upon agency staff, now only resorting to agency services for last-minute coverage of sickness absences.

The staff at the home expressed that they felt they could influence how the home was run and spoke positively about the approachability of the home manager. They receive support from their line managers in various ways, including supervisions conducted every three months.

The new home manager was frequently mentioned in a positive way. Staff described her as supportive, positive, and approachable, and they seem to feel confident for the home going forwards. The management team was also seen as supportive and makes an effort to introduce themselves to the staff and build relationships, which is appreciated by the staff. Despite the absence of a manager in one department, the staff felt supported in their roles.

Staff development is a key focus in the organisation. A wide range of training is available, including dementia and mental health training. Plans are also in place for future training to handle residents who may be physically challenging. Learning new skills is a constant process, with the training platform called 'Your Hippo' being an example. There are plans to organise a development day and more one-on-one workshop training with the staff. Staff are also encouraged to update their skills regularly.

Further professional development is also supported, though it was mentioned that it can be difficult to find time for this outside of work as there is no protected time for this during work hours. New staff members receive ample training and support, with proper care and guidance provided. Overall, the staff seem satisfied with the level of training and support they receive.

The staff told us that they find immense joy in their work, cherishing every aspect of their job, especially interacting with residents and colleagues. The residents remind some staff members of their grandparents back home, making the work feel personal and relatable.

Seeing the residents smile and laugh, engaging in conversations that brighten their day, and building rapport with them are aspects of the job that the staff greatly enjoy. One staff member shared their journey of starting in care homes, working as a nurse, and then returning to work in a care home at Barton Brook as

a permanent employee after starting as an agency worker. This individual expressed a renewed love for their job at Barton Brook.

Being interactive, participating in activities, and having the time to sit and chat with the residents was also highlighted as enjoyable aspects of the work. The staff view themselves as visitors in the residents' home, emphasising the respect and consideration they have for the residents. This perspective underscores the deep sense of respect and consideration the staff have for the residents, further enhancing the positive work environment. Overall, the staff's passion for their work and their dedication to the residents' well-being create a fulfilling and rewarding work experience.

Environment and observations

Barton Brook is a spacious care home located in the Barton area of Eccles. It has the capacity to accommodate 120 residents across four units: Irwell, Moss, Brindley, and Monton, each catering to different care needs. However, at the time of the visit, the home was housing only 76 residents. The home is equipped with several entrances, all monitored by CCTV. Entry is gained via a keypad, the codes for which are no longer shared with relatives to maintain a robust evacuation register. The main reception area is inviting and spacious, furnished with soft seating and staff desks.

Each unit within the home has its own dining area and lounge, providing direct access to the well-maintained gardens and grounds. While the noise level was deemed appropriate, some communal lounges were not conducive to conversation due to loud music or television. Signage around the home was found to be inconsistent, with some signs using pictures and others using words. Daily menus were displayed on the walls of the dining areas, complete with pictures of the meals, although space constraints in one unit prevented the display of all picture cards for the day.

The home has dedicated information boards, notably one about safeguarding and another for hydration. Safeguarding information was also prominently displayed as you entered each unit. However, it was unclear which notices were intended for residents, as the size, font, and language used could potentially pose comprehension difficulties. The home had 'you said – we did' notices displayed, indicating instances where suggestions from residents and relatives had led to improvements.

In one of the units, 'fidget toys' were available on the walls for residents to engage with. The same unit also had small display cabinets fitted outside each resident's bedroom, showcasing personalised items and pictures. During the

visit, numerous meaningful interactions were observed between staff and residents, demonstrating a level of care and compassion. The home maintained a pleasant temperature, was well ventilated, and appeared clean and tidy.

Recommendations and responses

Throughout our visit, we have gathered information to report on the positive conversations from residents, relative and staff, as well as some of those areas that are perhaps not working so well.

From this we have made the following four recommendations applicable to all 4 units across the home:

Recommendations

1	<p>Activities – to plan a varied programme of activities, visits and excursions outside the home, when weather permits (this is a repeat of our previous recommendation in 2022) and also to look at broadening the choice of activities available within the home.</p>
	<p>Response from Barton Brook Care Home:</p> <ul style="list-style-type: none">• OOMPH!, the digital interactive wellbeing and activities package is now up and running. This gives a very wide range of Activities to all residents that cater for their physical needs, e.g. if a resident has dementia and has limited mobility, it will personalise activities suitable for those requirements. Each resident has an OOMPH! profile that takes in to consideration their physical needs, likes, dislikes and character. Residents and relatives, along with each unit have personalised log in details so OOMPH! can be accessible to anyone who wishes to use it.• We have lots of outdoor activities planned, for example: garden parties, BBQ events and a gardening club, making the most of the beautiful large garden areas at Barton Brook.• We aim to hire transport such as mini buses as and when it is possible for external trips away from the home.

2	<p>Activities Coordinator – to increase the resource for this role, enabling each unit to have their own dedicated Activities Coordinator, working as a team with colleagues.</p>
	<p>Response from Barton Brook Care Home:</p> <ul style="list-style-type: none"> We are currently recruiting an additional two activity coordinators, one of which will be a more senior role.
3	<p>Communication and information – to create a more consistent approach to signage and information boards across the home, using pictures and text that is appropriate for the residents and clearly defined from what information is only relevant to their relatives.</p>
	<p>Response from Barton Brook Care Home:</p> <ul style="list-style-type: none"> A review for all information boards is scheduled to take place. Information is currently shared through relative and residents’ meetings. The information is in a format that is in line with resident’s needs, e.g. if we had a resident who was blind, information in brail would be provided. The manager has implemented an accessible information poster on all units and main entrances informing all visitors and residents if they have a communication difficulty and require an alternative format, to inform a member of staff and this can be provided. Signage around the home will be reviewed.
4	<p>Feedback and suggestions – to foster a more inclusive and comfortable environment for residents and their relatives to raise complaints or make suggestions. This process should be clear, transparent, easily accessible, and communicated effectively to all involved.</p>
	<p>Response from Barton Brook Care Home:</p> <ul style="list-style-type: none"> The home has purchased 5 suggestion boxes, one for each unit and one for the reception. This will give the opportunity for residents and visitors to share their feedback and suggestions in a more anonymous way.

What happens next

Following publication of this report, Healthwatch Salford will continue to listen to feedback from residents, relatives and staff and liaise with the home when appropriate.

Additionally, a follow-up visit to the home is to be scheduled. During this visit, the recommendations will be reviewed and progress will be reported. This visit is planned to take place towards the end of the year 2024. This will ensure that the home continues to improve and adapt to the needs of its residents and staff.



healthwatch

Healthwatch Salford
The Old Town Hall
5 Irwell Place
Eccles
Salford
M30 0FN

www.healthwatchsalford.co.uk

t: 0161 960 0316

e: info@healthwatchsalford.co.uk

 [@HWSalford](https://twitter.com/HWSalford)

 [Facebook.com/Tellhealthwatchsalford](https://www.facebook.com/Tellhealthwatchsalford)