



Evaluating Care Homes

Enter and View REPORT

Beech House Residential Care Home

Care Home Contact Details:

Beech House Residential Care Home
Radcliffe Park Crescent
Salford
M6 7WQ

Date of Visit:

15th March 2018

Healthwatch Salford Authorised Representatives:

Mark Lupton
Safia Griffin



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	8
5	Results of Visit	9
6	Recommendations & Service Provider Response	16



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 Beech House Residential 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.



Enter and View report for: Beech House

2.1 Visit Details

Service Provider:	Beech House Residential Care Home
Service Address:	Radcliffe Park Crescent, Salford M6 7WQ
Visit Date and Time:	15th March 2018 1.00pm – 3.30pm
Authorised Representatives:	Mark Lupton Safia Griffin
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: Akari Care Ltd

Person in charge: Claire Jackson (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Privately Owned, Registered for a maximum of 36 Service Users

Registered Care Categories*: Old Age • Physical Disability • Younger Adults

Admission Information: Ages 65+.

Single Rooms: 30

Shared Rooms: 3

Rooms with ensuite WC: 4

Facilities & Services: Respite Care • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Residents Internet Access

Latest Care Quality Commission* Report on Beech House Residential Care Home:

<http://www.cqc.org.uk/location/1-327498020>

** 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 5 members of staff at the care home, including the manager. 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 5 residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. There were no visiting relatives available to talk to at the time of the visit.

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

Beech House Residential Care Home has had several changes in management since we've been in contact with them. At the time of our visit the new manager had only been in post for 3 weeks and as such was unaware that the Enter and View was going to be taking place at that arranged time. None the less, she was welcoming and very open in her responses as to what she would like to change about the home. Unfortunately, since our visit back in March, this manager has since left and we've been in contact with a development manager overseeing things named in this report and they responded to the report and recommendations.

Residents seemed to be quite happy in their daily life at the home, but it was noted that the severe lack of activities and restricted food menu contributed to boredom and lack of general interest and appetite.

There appeared to be mixed sentiments from the staff team during interview, with newer staff feeling more stressed and being less aware of procedures and policies, such as each resident having a food and fluid chart and knowing where to find information in the care plan.

On the whole staff seemed dedicated to care but with some divide between staff, i.e. some viewing others as less caring when they acted like it was just a job and not helping or answering the questions of newer staff. The staff interviewed said that this negatively impacted on the care provided and morale within the team.

The manager was aware of many of the issues around staffing and this report has highlighted that staff are also aware and seeing these issues too, so with some constructive changes involving staff these areas can be improved.



5. Results of visit

The Healthwatch Salford Enter and View representatives were able to talk with 5 residents and 5 staff, including the Manager.

Resident Feedback

Activities

- Two of the residents said that there was nothing for them to do in the home.
- Other residents said that they liked to watch the TV and listen to music.
- A couple of residents felt they were unable to do the things that they used to enjoy because of deteriorating mobility and visual impairments.
- Only a couple of residents said that they were able to go outside the home when family members could take them. Others said that they didn't go out at all.

Food and drink

- Four residents said that the food was good and had improved.
- Two residents said that they did not feel they had enough choice with one resident commenting *"I get a sandwich or something if I don't like the menu option, there is no variety"*.
- One resident also commented that the main meals seem to be much repeated each day.
- All residents that we spoke to seemed to enjoy the social aspect of mealtimes. One resident did mention *"I used to have an enormous appetite before I moved here but not anymore"*.

Religion and Culture

- Residents had mixed sentiments about whether the home had respect for their religion or culture.
- One resident mentioned that they hadn't seen a priest for ages.

External medical needs

- Most of the residents we spoke to said that they went out of the home for dentistry and eye care.
- One resident said that they had an eye test about 2 years ago but not had one since.
- A resident also said that they needed to see a dentist but was too frightened to go to a hospital to see one.

Having a say

- It was understood from the conversations with residents that they would talk to a senior team member or the manager if they had cause for complaint.
- One resident did say though that they wouldn't tell their family as they, *"wouldn't want them to worry"*.



Enter and View report for: Beech House

Staff and Management

- Only one resident was able to say they knew who the manager was and said that she was *"alright and very down to earth"*.
- All residents we spoke to said that the staff were nice, *"they're smashing"*.
- Residents felt that staff did have time to stop and chat with them but also were mindful that with staffing issues they could be very busy.
- Most residents felt that staff knew them well and what they liked and disliked.

Staff Feedback

Caring for the Resident

- Staff sit down with residents, chat and get to know them, what they like and dislike.
- There are food charts which detail what the resident's preferences are and if there are any medical needs to be considered (diabetes etc).
- If residents' needs change, the senior member of staff will get to know them and hand this information down to other staff, (e.g. if a resident wants pureed food).
- Each resident has a care plan and in this is a detailed biography section, listing preferences, hobbies, interests, any assistance requirements, illnesses etc.
- One staff member did say *"I don't get time to read the care plan, I speak to the residents to find out about them and what they need"*.
- The home is in the middle of updating the care plans. There is not much information in the care plans.
- Some staff did say that handover meetings could be more inclusive to all including care staff as often they happen outside only with senior staff.
- Care records will all get updated, *"we update during the handover in mornings"*.
- At the moment only the senior carers have a communications book to write down changes, *"but we are now getting another communications book for all care staff"*.

We asked staff if they felt that they had enough time to care for the residents and they said:

- *"Yes - but sometimes it is hard. People who need assistance are often waiting about. It has got a lot better"*.
- *"The odd time it is not fully staffed. Sometimes staff get the residents up early, sometimes they are left late"*.
- *"When we are fully staffed you have more than enough time. You can provide more care. If short staffed, not always but staffing levels have improved"*.
- *"We've had issues in the past with staffing, people refusing to do work and issues with rotas but that's now resolved. I've been here two years so know what to do but we've had 4/5 new staff and they take longer because they are still learning, and they can get stressed because of all the changes. Today yeah but we have been very short staffed. There isn't enough staff."*
- *"The home uses an agency, but these staff don't care like regular staff. To them it's just a job."*

The home is planning on addressing staffing and making this better.



Enter and View report for: Beech House

Activities

- There are no activities for the residents to do as the home does not have an active activities coordinator. It is down to the staff to engage with the residents.
- The home used to play bingo and use memory cards.
- Residents can watch TV and films and listen to music.
- There are no external trips outside of the home.

Food and drink

- The dining room is set out nicely with residents able to sit with their friends in a group. Only a couple of people prefer to eat alone, and these are supported by staff.
- For breakfast residents can have either a full English breakfast, cereal or porridge. For lunch they usually get soup and sandwiches, chips or crisps. For the evening meal they are offered a choice of two alternatives.
- Residents get a choice of different juices to drink throughout the day.
- Staff told us that snack rounds take place at 11am and 3pm although residents can have a snack or a drink at any time that they wish. There is always a constant supply of hot and cold drinks, crisps & snacks.
- Staff did say that it would be good to have more healthy snacks and fruit offered to residents.
- Some of the staff said that the residents are weighed weekly and notes of their weight are kept in booklets with easy to read food & fluids charts. Monitoring of food intake (including snacks) is included in the charts.
- One staff member however said that, *"there is no choice and nothing like calorie and nutrition charts for each person"*.
- Another new staff member said, *"there is nutritional information in the resident's care plans but it's not clear where the information is. You have to read everything to get to the information you need. There should be a summary or chart kept somewhere else"*.
- The home gets dieticians & nutritionists to come in by referral.
- Some staff felt that choice needs to be improved, *"only one meal choice a day. If residents don't like this, they are offered a sandwich as an alternative"*.
- One staff member said, *"resident's get what they are given. If they don't want the meal they get a sandwich. It's not good for people's appetite, a lot of residents seem thin. Thinner than I've seen them elsewhere. Portion sizes are also too small"*.
- It was suggested by a couple of staff that it would be good if residents could get involved with cooking or meal preparation as part of an activity and to promote independence.

Religion and Culture

- The home caters for religious and cultural needs e.g. there is a Jewish resident who has Kosher food and food alternatives are always made available to them.
- A member of the church comes in every Sunday to see some of the residents.
- One staff member told us that there was a resident (whose first language wasn't English) had stopped communicating verbally so staff put on music and films in their first language which was what the resident liked.



Enter and View report for: Beech House

External medical needs

- Visiting external health services included: Chiropodist, Optician & weekly visit from the GP.
- Residents have to leave the home and go out for dentistry care.

Having a say

- There didn't appear to be any regular residents or family meetings, but the new manager has organised a resident and family meeting for later in March and these will be on a regular occurrence.
- Staff said that residents and their families know that they can just speak to any of the staff if they have a complaint and the process for this is in the main office and behind reception.
- Examples of where a resident or their family have influenced change at the home include a resident who was prone to falls and didn't have a falls mat. The residents husband was very concerned about them falling and hurting themselves again, so expressed this concern to staff who got a falls mat and a bed that lowers, as well as moving the resident to another bedroom downstairs. The resident is now settled and resting better.
- There was mixed sentiment from the staff as to whether they felt that they could have a say. We heard about a 'comments book' that staff could anonymously write in, but this was kept in the locked medications room so didn't seem so accessible to all staff.
- Some staff felt that they didn't receive respect from their fellow colleagues especially those in a senior role.
- Other staff felt that they did have a say in how the home was run but were unsure whether their suggestions were taken onboard.
- One staff member had in the past told senior colleagues about a concern they had with regards to a resident. The staff member was then off work for a few days and returned to find out that nothing had been done.
- Some staff felt confident with the new manager to raise issues about a resident's care and that the manager would listen, *"The manager should get rid of some people but can't because of being short staffed. It's just a job to many people here."*

Management and Training

- The feeling from staff over what training was provided was mixed with some saying that they were offered courses such as moving and handling, dementia, food safety and infection control. Other staff said that no training was offered, or they were uncertain as to whether their training would continue since the change in management.
- Staff acknowledged that whilst they did not know the new manager very well, they felt that would be there to support them if they needed it, *"she is really nice and seems to be doing a good job"* but also, *"I feel more support is needed from senior staff, I don't feel I could go to other staff for support sometimes. They just don't bother"*.
- Staff would like to see the management keep more of an eye on the ball with some staff as certain staff seem to have, *"lazy attitudes"*.
- One staff member told us that they didn't have a proper induction and it had been suggested that they learnt the job from the floor. The home only appeared to ask for references for this member of staff and didn't check up on training or qualification certificates or ask the staff member what training they required.



Enter and View report for: Beech House

- Some staff felt that the pressure from head office was too great and made talking to senior management difficult, *"They get us together a lot and tell us we aren't doing the job right and criticise us"*. Staff felt Head Office were not considering the home was often short staffed, *"There is nothing positive from Head Office. I am not asking for praise, don't think we need that. Just credit where credit is due. If you've [volunteered for] extra shifts, just a 'thank you' and 'we appreciate what you are doing' would be fine"*.
- Most staff said that they were yet to receive a supervision meeting with the manager.
- Other comments that came from a couple of staff suggested that whilst the new manager was trying to make changes, some of the staff were not being helpful, saying *"for many here it is just a job. Too many people are used to the old system, when they could do things their own way and get away with lots"*.

We asked the staff what they enjoyed about their job. Responses included:

- *"Looking after the residents"*.
- *"Enjoy getting to know the residents and making bonds with them. I love looking after people. Really enjoy this job to be honest"*.
- *"I enjoy spending time with the residents. Making them happy for the time they are here. It's difficult though, as some have dementia and you can be making them smile for 5 minutes and walk past again and they've forgotten. About 80% of the residents don't get visitors, so it is up to us to make them feel like we are family, because to them we are their family"*.
- *"Definitely the resident's. They make me get up in the morning. Knowing I am helping them makes it a bit better, knowing I can give them care"*.

Interview with the Manager

The manager is new in post but has worked at the home previously, before moving onto other roles as a regional and crisis manager. When a vacancy arose at the home, she was only too pleased to apply. The manager is a firm believer that when people are emotionally stimulated by activities and receive good nutrition, this improves their wellbeing, *"the wellbeing of residents is monumental"*. She loves it when the home is filled with laughter, *"it feels so good for everyone around"*.

Caring for the Resident

- At the pre-admission assessment they get as much information from the family as possible. This is then checked with the resident to see if this fits in with what the resident wants (likes, dislikes etc).
- Information also comes from Adult Social Care which gives staff the bases to start delving deeper into the resident's history, so they can find out things like where the resident went to school, family, work, hobbies and other background information.
- The pre-admission assessment also investigates whether the resident has had a history of falls and if there is a power of attorney in place and at what level this is.
- There is a diet notification form which details all the resident's food and drink preferences with additional information to include how these are to be prepared (pureed food, fortified etc).



Enter and View report for: Beech House

- Changes to care needs are notified to staff at each handover meeting which happens twice a day, at the change of each shift. Those staff who are only working a half shift will have this information relayed to them by a senior team member.
- The manager also conducts clinical reviews every month where she asks staff about each resident.

Activities

- There are currently no activities going on in the home.
- They do have a hairdresser who comes in and some of the staff tend to the resident's nails.
- Activities is an area that the new manager is looking to improve with recruiting a new Activities Coordinator.

Food and drink

- Food is made fresh on site and wheeled into the dining room on a hot trolley.
- Residents can eat together in the dining room or anywhere they want.
- There are two main choices to a meal each day. The manager is present at mealtimes.
- They are looking at developing a selection of menus with ideas from other homes in the group.
- Staff are going to be encouraged to sit with residents at mealtimes to encourage them to eat.
- There is support for those that need assistance with eating and drinking. Currently there is no music played in the background at mealtimes, but the home is looking to change that.

Religion and Culture

- All resident's cultures are respected. They have residents whose practicing faith has been Jewish, Catholic and Jehovah's Witness. The home has been able to cater for this (e.g. Kosher food as an alternative, priests visiting etc).

External medical needs

- Visiting health professionals include a Chiropodist and optician who come into the home.
- There is no visiting dentist - residents have to be taken out to go to their preferred dentist.
- There has been an issue with dentures, glasses and hearing aids within the home that the manager is looking to address.

Having a say

- The home is looking to develop the staff team by having regular meetings.
- No forums at present for family or residents.
- The home always uses complaints as a lesson learned exercise.
- Current issues that the manager is looking into are to do with the laundry and personal possessions. Some resident's clothes may have been mixed up in the past and as an important part of dignity and respect all residents clothing will be labelled up correctly and a full audit into what possessions the resident has, especially when they first come in, will be undertaken and documented.



Enter and View report for: Beech House

Training

- There is a full comprehensive training schedule in place. Training includes: Infection Control, link worker training, continence training, Vison Call come in and do training, audiology training for fitting hearing aids, dementia, and the Falls team come in to give training.

Environment

Beech House Residential Home is a 36-bedroomed home, housing 26 residents at the time of our visit. It is set out on 2 floors with stairwells and lift access. The home seems clean and well decorated with a large spacious open plan lounge giving open views across the gardens and a bright airy dining room just off this.

There was a further smaller 'quiet lounge' for residents to be able to use if they didn't want to sit in the busy communal lounge area.

Throughout the home there were a few pictures on the walls with ornaments and artificial flowers in vases.

The resident's bedrooms varied in size with information holders placed on the doors to display pictures and names of which resident resided in that bedroom. Not all bedrooms had the resident's names or pictures displayed.

To the rear there was a large decked patio area giving level access from large patio doors off the dining room. Beyond this was a garden area with well maintained lawns, beds, shrubs and trees.



6. Recommendations & Service Provider Response

Recommendation	Service Provider Response
<p>Activities – The home is to fulfil its commitment to recruit an activities coordinator and schedule in a wide range of inclusive activities that can cater to the resident’s different tastes including things that are mentally and physically stimulating and external trips out.</p>	<p><i>We are currently advertising an activity coordinator and going through the process of recruiting a suitable candidate. We have additional staff on duty daily and are encouraging staff to participate in activities throughout the day. I am approaching staff if anyone would like the interim of the activities role until I recruit.</i></p>
<p>Food and drink – The home to fulfil its commitment in adapting the menus to give the residents more choice and options over what they have to eat.</p>	<p><i>Actioned. The menus have now been adapted to give residents a choice. We have now got a board stating what meals and choice for the day and a week's menu besides this for residents. A lot more choices for snacks throughout the day, for example, fruit, cheese, and crackers, biscuits, milkshakes.</i></p>
<p>Having a say (residents and families) – set up and widely promote residents and families meetings on a regular basis and be able to demonstrate how the home is listening and reacting to points raised.</p>	<p><i>Actioned. Last family meeting was held in March. We have monthly dates on display for family members and residents when the next meetings have been arranged with an agenda. This has been communicated verbally to residents and family members.</i></p>
<p>Staff and management – Display in prominent positions within the home a pictorial ‘who’s who’ guide of staff working within the home for residents and visitors to reference.</p>	<p><i>This will be implemented in the next 6-8 weeks.</i></p>
<p>Training and procedures – review procedures for storing food and fluid charts and refresh staff as to where they can locate these for information.</p>	<p><i>This has been implemented. All daily records are now being all located in the office in a cabinet. This was communicated to staff meeting and communication book. Actioned on 20/3/18</i></p>
<p>Training and procedures – ensure all new staff are safely and fully inducted and have regular supervisions, with processes in place to check existing qualifications and a schedule for mandatory and developmental training</p>	<p><i>Supervision planner in place and supervisions/direct observation and significant discussions. All new staff will have a full induction and training plan.</i></p>
<p>Having a say (staff) – look to include all staff, regardless of their roles, into shift handovers and set up regular staff meetings and demonstrate how the home is listening and reacting to points raised.</p>	<p><i>Actioned. Regular staff meetings have taken place since February. We have monthly dates on display for staff members with an agenda and staff can also add to the agenda.</i></p>



Enter and View report for: Beech House

Having a say – further anonymise the ‘comments book’ by having this held in a more communal area where staff members may not be identified from their comments (a locked post-box on the wall of the lounge where staff, residents and relatives can slip comments in unseen?)	<i>A locked box will be implemented for staff, residents, family and professional and will be located in a more suitable place. Comment slips will be provided near the box. Will be actioned by 15th May 2018. This will be discussed at next staff meeting and residents/relatives meeting.</i>
Residents bedroom doors to have their name and picture displayed	<i>This is on going and will be completed by 10th May 2018.</i>



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