

# Ecclesholme

Enter and View (February 2023)





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# 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://www.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](http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf).

## Acknowledgments

Healthwatch Salford would like to thank the Ecclesholme 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 date set 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.

## Visit details

Service provider	Ecclesholme
Service address	Vicars Street, Eccles, M30 0DG
Date and time of visit	Tuesday 8 <sup>th</sup> November 10.00am – 2.00pm
Authorised Representatives	Scarlett Ash (Lead), Alison Macleod, Joe Hadley and Ifeoma Nosakhoro
Healthwatch Salford	The Old Town Hall, 5 Irwell Place, Eccles, M30 0FN Email: <a href="mailto:Info@healthwatchsalford.co.uk">Info@healthwatchsalford.co.uk</a> Telephone: 0330 355 0300 Website: <a href="http://www.healthwatchsalford.co.uk">www.healthwatchsalford.co.uk</a>

## About the home

Group/Owner	Franklin Care Group Ltd
Person in charge	Beverley Niland (Manager)
Type of Service	Care Home only (residential care) - privately owned Registered for a maximum of 50 Service Users
Registered Care Categories	<ul style="list-style-type: none"> <li>• Dementia</li> <li>• Old age</li> </ul> <i>(Registered with regulator 'Care Quality Commission (CQC)' to provide this category of care)</i>
Specialist Care Categories	Not applicable
Local Authority	Salford City Council
Admission Information	Freemasons and dependants non masons considered. Ages 60+
Room Information	<ul style="list-style-type: none"> <li>• Single Rooms 50</li> <li>• Rooms with ensuite WC 50</li> </ul>

Information taken from carehome.co.uk December 2022

Latest Care Quality Commission (CQC) report on Ecclesholme:

**Good (ratings inherited from last inspection with previous provider):**

<https://www.cqc.org.uk/location/1-13507083115>

# 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

Following the Healthwatch Salford Annual Priorities Survey in January 2022 we received feedback that the public wanted us to look at adult social care. This was developed at the Business planning session into a project looking at the public's experience of using care homes which was scheduled for October to December 2022.

# 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.

We were not provided with information on how many residents were living at the home at the time of our visit. Authorised representatives conducted interviews with 3 members of staff at the care home, plus 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 8 residents and 2 visitors to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services.

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.



# Summary of key findings

Ecclesholme is a care home based in the Eccles area of Salford, supporting older people and people with dementia aged 60+. The home transitioned to new owners in September 2022.

The home is decorated uniquely to look like a residential street; it is bright and clean with lots of communal areas for the residents to use. Ecclesholme has a friendly atmosphere and we observed residents and staff interacting well.

There are activities for residents in the home, but there are less on offer since the pandemic.

Residents enjoy mealtimes and the food served at Ecclesholme; there is little waste and the home ensure that residents have access to food and drink throughout the day.

Health professionals visit the home to check on residents, but there are challenges around access to dentistry.

Where required, the home caters to residents with religious, cultural and lifestyle needs. The diverse staff team have contributed to this positive culture in the home.

Residents have a positive opinion of staff in the home and say they are friendly and helpful. Some residents/relatives believe there are less staff in the home, comments that were echoed by some staff themselves.

Residents are happy with Ecclesholme overall and did not make any suggestions for what they would like to change about the home, but more could be done to encourage residents to speak up about issues they may consider small that can be managed by staff.

The home adapted during the COVID-19 pandemic to keep residents and staff safe. Residents feel that the home is secure and they feel safe.

# Results of visit

4 Enter and View authorised representatives visited Ecclesholme and were able to talk to the manager, 3 members of staff and 10 residents/relatives.

## What the residents and relatives had to say

### Activities

Residents told us that there are activities they can do in the home and they can do what they want; some of them enjoy puzzles and socialising, with one resident telling us 'I have a laugh and a joke'. We were told that before the pandemic, Ecclesholme would have parties and a singer would entertain the residents. Since restrictions have eased, the home is visited by a trainer who leads armchair exercises. Residents look forward to this activity; there were, however, comments that residents perhaps need more stimulation and prompting to suggest ideas for new activities.

### Food and mealtimes

Residents can choose what they would like for meals from the home's menu and the majority of residents who talked to us were happy with the choice available. Most residents we interviewed had positive comments to make about the food served in the home, describing it as 'very nice'. One resident was less satisfied with the menu changing since the home obtained new owners. One visitor noted that there seems to be less waste since the transition and that residents enjoy the more traditional food more. Visitors we interviewed also told us that they are confident their relative is adequately supported to eat and drink, with one telling us they can sit with their relative at lunchtimes. We were told that mealtimes are sociable, which residents enjoy.

### Healthcare

Residents felt that they had seen various health professionals whilst living at Ecclesholme. A chiropodist visits the home, although one visitor was unaware what had happened to the NHS service as they only see the private chiropodist. Oral health was an area of concern in our interviews; we were told one resident had

lost dentures and were waiting for them to be repaired, and that one resident had to be careful with eating as his teeth had started chipping.

## **Religion, cultural and lifestyle needs**

Where this was applicable, residents and relatives told us they were satisfied that the home respects the religious, cultural and lifestyle needs of the residents.

## **Staff and management**

Residents and relatives alike made positive comments about the staff, describing them as 'very friendly' and 'brilliant'. They talked about occasions where staff had respected the funeral of one resident's spouse and how staff know what residents like. One resident told us that 'anything they can do to help us, they do', and one visitor told us that the home is good at communicating with any updates on their relative.

A couple of people we interviewed acknowledged that there appears to be low staff turnover at Ecclesholme. However, they commented that there seems to be less staff in the home than before, and there were mixed responses when we asked if people felt staff had time to stop and chat to residents whilst working.

One resident told us that staff who work on a night 'have a tough job' because residents are free to walk around at night. This resident went on to say that some residents open doors and if bedroom doors are not locked, they can get into other people's bedrooms. This resident prevents this happening by locking their door, but they commented that this situation 'makes work for staff'.

## **The home**

Residents told us that Ecclesholme is a friendly place to be and that it is well-kept. Visitors felt that their relatives are happy in the home, with one telling us 'it's fabulous here'. They went on to say that they refer to their relative's room as their 'flat' and that it looks like home because they are allowed to bring in their own ornaments and items.

The visitors we interviewed said they are made to feel welcome at the home, with one saying they felt listened to and that the home took things on board at a previous meeting with the manager. Some residents told us there is nothing they would change about the home, but where residents did tell us about something

that dissatisfied them, they said would not think to raise it with staff. One person told us that, if they wanted to, it may be difficult to make a complaint if the staff member they wanted to speak to was not working.

Residents and visitors told us they feel the home is safe and secure, with one visitor telling us that the home handled the pandemic 'very well', letting visitors in the home again once restrictions had started to ease.

## **What the staff had to say**

### **Activities**

Ecclesholme does not have an activities coordinator at present, but the manager and staff told us they are advertising to recruit for this role. Staff told us how residents can take part in the armchair exercises, chat at coffee mornings and play games, although some residents cannot give their attention to games due to their dementia and find activities like bingo overwhelming. Staff appreciate where residents like to get involved in domestic tasks like setting the dinner table and dusting.

One staff member said they sit with residents to do activities but that they do not feel they always have time to do this. Staff told us that residents and relatives do have the opportunity to suggest new activities but that residents with dementia do not always have capacity to do so.

### **Food and mealtimes**

Staff told us that residents are offered a menu and are shown plates of food they can choose from for their meals. Care staff can ask the kitchen to hold back a plate of food if residents miss mealtimes; the home can also provide food like toast and other snacks throughout the day.

Staff work around residents who do not eat a lot or who are particular about the food they eat, providing alternatives and catering to dietary requirements. The manager told us, where residents require softer or pureed food, that care is taken to present this well. One staff member felt that residents have little to choose from in terms of meals. The manager told us that prior to the change in owners, the choice would overwhelm residents and they have noticed there is less waste.

## **Healthcare**

Staff told us that it is difficult arranging for a dentist to visit the home. They do take residents out to the dentist if required or call NHS111 if they cannot arrange a trip out. A GP visits the home once a week and residents can request to see them. Audiologists visit when the home invite them in, usually if there is an influx of new residents we were told.

There were mixed responses from staff with regards to opticians and how often they visit the home, from frequent visits to every 12 months unless the home need them to come in separately judging by care plans. Chiropodists visit the home every 6–8 weeks and staff told us that an NHS chiropodist visits as well as a private service.

## **Religion, cultural and lifestyle needs**

Staff gave us some examples where they make adjustments for residents, like catering to dietary requirements and using visors around d/Deaf residents during the pandemic. We were told some staff learned sign language since having d/Deaf residents in the home.

Staff told us about a resident who is Muslim and how they make sure to respect their wishes; they wrap the Qur'an in a scarf after use and place it up high in the resident's room. The manager said that Muslim staff members had aided the home's learning around these matters.

The manager told us that the team plan their shifts around religious holidays so staff who observe them can have time off. The home accommodated staff during Ramadan so shifts patterns would work best for them.

## **Care for the resident**

Staff explained the importance of care plans when learning about a resident's health and care needs; the manager also pointed out that care plans are just as much about how residents like to be treated. Staff chat to residents' families to find out more about their personalities, life history and likes/dislikes.

When asking if staff felt they had time to care for the residents, one staff member told us that they did not have time for breaks and no longer have as much time to sit with the residents when eating. A couple of staff members told us about

some residents' complex needs, saying 'high demanding residents do take a lot of our time'. They spoke about the impact this has on staff and how it infringes on the time staff can spend with residents, stopping to chat and working one-to-one with them.

## **How the home is run**

The manager acknowledged that due to the change in owners, there had initially been some ill-feeling amongst staff. There have been some changes like paper care plans becoming digital. She told us that residents have not noticed the change, adding that the staff deserve 'full credit' for this.

Staff told us that the manager of the home is supportive, with one describing the manager as 'very accommodating' if staff have personal issues. One staff member told us they find it easy to raise an issue with the manager whereas another said they did not want to come across as 'confrontational' if they raise an issue in person. They did go on to say that they felt the home acknowledges their input.

Staff told us about the feedback boxes throughout the home for relatives to leave comments anonymously, which can be used for suggesting ideas in the home. The home was also planning a families' meeting in November to discuss the change in ownership at Ecclesholme and introduce families to the owners.

Staff have access to training and are encouraged to attend training on topics like dementia, medication and manual handling.

In relation to the home's security, staff said the home feels safe, telling us about the locks on doors and windows. We were told there is paperwork for staff to check the security at night.

## **Environment and observations**

Ecclesholme is a large home with capacity for 50 residents; it is situated in a residential area and has its own private road leading up to the building with parking. There are three floors in the home with bedrooms and lounges/dining areas on each floor. There is greenery around the building and a courtyard in the centre.

The reception area is spacious, bright and clean. There are comfortable chairs for residents and visitors to use. There is a large round reception desk and the manager's office is visible behind it. A menu is fixed to the wall by the dining area and there is a large conservatory extension in the dining area so residents can look out to the greenery. There are CCTV cameras outside the home, but we were told there have been issues with these in the past.

The home is decorated impressively to look like a residential street, with bedroom doors made to look like external front doors. On one floor there is an outdoor bench positioned opposite a wall that appears like a shop front.

We were shown on our tour of the building a 'sweet shop' room and a 'pub' that both took on different functions during the pandemic. The room that looked like a pub had been divided into two with a window between them. Staff utilised this space so that residents and visitors could still see each other during the pandemic and maintain social distancing, communicating via an 'Alexa' electronic device.

During our visit, we observed staff treating residents with dignity and respect. Staff responded well to the needs of residents and were caring in gesture. They showed empathy, used residents' first names and helped mobilise residents around the home. Staff do not wear uniforms or have name badges, but we were told the name badges are being updated so they are in line with the new owners of the home.

As we were finishing the visit, we observed the armchair exercises taking place in the dining area of the home, with music playing and colourful props for the residents to hold. The instructor who visits the home to lead the class communicated clearly and enthusiastically, knowing many of the residents by name. Residents had been looking forward to the activity and appeared happy.

# 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:

## Recommendations

<b>1</b>	<b>Activities</b> – to continue with plans to recruit an activities coordinator and consider restarting activities that used to take place before the pandemic
<b>2</b>	<b>Time with the resident</b> – to monitor staffing levels so that residents feel confident that staff have time to interact with them
<b>3</b>	<b>Resident feedback</b> – to encourage residents to make suggestions and give feedback in a way that suits them, providing information on how they can make a complaint if necessary
<b>4</b>	<b>Staff feedback</b> – to consider introducing new feedback mechanisms geared towards staff, particularly in this early stage of the new owners taking charge

We have provided Ecclesholme with this report, asking for a response to the recommendations, but at the time of publication we have not received a response.





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