



Evaluating Care Homes

Enter and View REPORT

Abbeydale Nursing Home

Care Home Contact Details:

Abbeydale Nursing Home
10-12 The Polygon
Wellington Road
Eccles
M30 0DS

Date of Visit:
28th September 2017

Healthwatch Salford Authorised Representatives:

Ruth Malkin
Mark Lupton
Kathryn Cheetham
Andy Green



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1.1 Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the borough of Salford.

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Salford safeguarding policies.

Further information about Enter and View is available at <https://healthwatchsalford.co.uk/what-we-do/enter-and-view/>.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf.



1.2 Acknowledgements

Healthwatch Salford would like to thank the Abbeydale Nursing Home staff team, residents and relatives for their contribution to the Enter and View visit.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



2.1 Visit Details

Service Provider:	Abbeydale Nursing Home (Innovation Health Care Ltd)
Service Address:	10-12 The Polygon, Wellington Road, Eccles, Salford, M30 0DS
Visit Date and Time:	28 th September 2017, 15pm-18pm
Authorised Representatives:	Ruth Malkin, Mark Lupton, Kathryn Cheetham, Andy Green
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Home

Owner: Innovation Healthcare Ltd

Person in charge: Emmanuel Shakeel (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care home with nursing – privately owned, registered for a maximum of 24 service users

Registered Care Categories*: Old Age

Single Rooms: 20

Shared Rooms: 2

Rooms with en-suite WC: 1

Weekly Charges Guide: Nursing Care charges 'unknown', please contact Abbeydale to find out

Facilities & Services: Day Care • Own GP if required • Own Furniture if required • Close to Local shops
• Near Public Transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room

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

* Care Quality Commission is responsible for the registration and inspection of social care services in England.



2.3 Purpose and Strategic Drivers

Purpose

- To engage with residents of care homes and understand how dignity is being respected in a care home environment.
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.
- We asked questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden. (2016)

Surveys and questions are based on '8 care home quality indicators'.

A good care home should;

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Strategic Drivers

Update from CQC dataset 10 May 2017 states that there are 39 Salford Based Care Homes CQC Inspected between December 2014 and May 2017.

Each of the 39 Care Homes were rated based on a 4-scale rating;

- Outstanding
- Good
- Requires Improvement
- Inadequate

The breakdown of Care Homes and their ratings:

- 21 – were rated Good
- 17 – were rated Requires Improvement
- 1 – was rated Inadequate
- 0 – were outstanding

Salford has more homes that require improvement across all the judgement criteria compared to the rest of Greater Manchester. Based on CQC Ratings and comments received locally Healthwatch Salford have made Enter and View of local care homes a priority to contribute to the local strategic improvement plans for care homes in Salford.



3. Methodology

This was an announced Enter and View visit. On first arriving for the visit, we approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted interviews with three 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 six 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. No visitors or family members were available to speak 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

The CQC Inspection Report had rated this care home as requiring improvement.

On the day of the Enter and View Visit, the lift to upper floors had broken down and was awaiting repairs. This meant that several of the ground floor rooms had been converted into communal bedrooms on a temporary basis. Two residents had remained upstairs and were unable to come down to the communal lounge area on the ground floor.



5. Results of visit

The Healthwatch Salford Enter and View authorised representatives spoke to the manager, six residents and three staff members

Resident Feedback *(with provider responses):*

- **Environment:**

There are concerns expressed by one resident about the temperature at the home – it's too cold. One resident pointed out that it had been decorated recently by "Paul, the painter, who's brilliant" and that nothing else needed doing.

-We have set temperatures maintained in the home, never been reported as a problem. We will in future encourage residents to tell us about temperature.

- **Activities:**

Activities were lacking, and this had changed in the past few months. Some activities had been cut. One resident commented "we never get to go out". Another said, "no activities, no stimulation." Another resident commented "we used to have drawing and games." One person had been in the garden once. One resident pointed out they used to go fishing but can only now go if a relative takes them. Some residents were under the impression they could no longer go in the garden.

-We have a robust planned activity schedule coordinated by our activities planner. She plans regular group and one to one activities with all residents according to their interest. We have set up a new gazebo which is used in summer time so that the residents can sit out and enjoy sunshine. We have recently arranged out side trips to war museum and the other to the Trafford Centre. Plans for outside activities has already been organised for the new year.

- **Food:**

The residents all expressed their appreciation of the food provided at the home. Comments ranged from "very good and plentiful" to "Food is very good. Everyone will tell you." It is clear that mealtimes are flexible, special diets are accommodated well and that enough food is provided. People can eat in the lounge and there is also a reserved dining area. Structured social activities are not provided by staff during mealtimes.

- **Religion and culture:**

There was a reference to different ministers visiting the home. Several of the residents that were spoken to said they had no religion. Some awareness of culturally specific diets was indicated by staff.

-We have approached local church for carol singing, however, they have not confirmed dates yet but they will visit near Christmas time.

- **External medical care:**

Residents commented that some of their medical needs were met.

-All prescribed medical care needs are provided.

- **Dignity in Care:**

One resident commented it took a long time for staff to get around to taking them to the toilet. One resident would like rooms to be en-suite.



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-The home has a call bell system in place, which can be used whenever required by the resident. Due to the layout of the building all rooms cannot have en-suites. The residents are aware of this when they are admitted. We have currently 1 en suite-room and another one is being added.

- **Having a say:**

There was some evidence that there was a formal feedback gathering process for residents but not all residents were fully aware of it.

-We have a regular residents and relative meetings and if residents raise any concerns we promptly take action and try to resolve the issue. All these are documented meetings and minutes are available.

- **Management:**

One resident confidently asserted “we don’t have a manager.” Another one said, “I don’t know who the manager is” and another person talked about “talking to the lead woman.” Management is not visible enough at the home.

-We must remember that majority of our residents have dementia and have memory and recognition problems. Manager office is in the basement and we are in the process to move it to the ground floor so that the manager can have better interaction with residents and their families.

- At the time of the Enter and View visit no residents’ relatives or friends were visiting to survey.

Staff Feedback: (with provider responses):

- **Resident and relative involvement:**

There are regular residents’ meetings. “If they ask and it is possible to do, the staff will do it.” Staff commented on wanting to improve the décor – new curtains etc. to improve first impressions at the home. However, it was commented that the place was ‘homely’.

-Recently we have changed carpet on first floor corridor and stairs, and we are planning to do some internal improvement on ground floor which includes new flooring for the communal areas and corridors. Plans to get new curtain for the dining room are also on our agenda.

- **Care Plans:**

Due to staff shortages, agency staff were being used. One commented that there was little information about care needs given and it was clear they were relying on the residents to say what their needs were. The staff member highlighted the danger inherent in this approach themselves by saying “some residents can speak, some can’t.” However, a permanent member of staff commented that staff can access residents’ files which are kept locked away in the office. Residents’ needs are often indicated prior to them arriving in the home. However, the best way of finding out the residents’ needs is to assess them when they are first in the home, by asking them directly.

-We have a white board in the office, and all initial information for all residents are updated regularly. We make sure agency staff read the board thoroughly to understand resident’s primary needs, all personal comprehensive care plans are in the locked cupboard and all staff can assess them any time if needed. In case when we have agency staff they always have permanent staff available to guide and consult.

- **Nutrition:**

Each resident has a record of their dietary requirements kept in their personal file. Residents get a choice of food that is decided in the morning. The home caters for vegetarians and special diets for either medical or cultural reasons.



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- **Activities:**

Residents are given a choice of activities such as planting, quizzes and excursions. Hairdressers and manicurists visit.

- **External medical care:**

A comment was made that staff came in on their days off to take residents out to appointments if necessary.

- **Religion and culture:**

there are local priests who come into the home to take religious services for those who want to participate.

- **Training and personal development:**

Training is provided – recent inhouse training has included infection control, and moving and handling. Staff training provides a good opportunity for staff networking.

- **Working environment:**

A new cooker is due to be installed. New carpets are needed. One member of staff commented “I’m here because I love it.”

-New cooker has been installed.

- **Management:**

The management is very supportive of staff. The scheme manager is approachable and friendly. “Any problems you can speak to owners or manager.” There is a private area for confidential conversations with managers. One member of staff commented that there was a refusal to discuss childcare arrangements at one point.

Manager’s Feedback

- **Management:**

There is strong support from the owner who visits regularly. It’s the job of the manager to deal with situations. Complaints are prioritised.

- **Staff issues and training:**

At present there is an issue with staffing. There are 24 permanent members of staff and 1 is on maternity leave, 2 are on sick leave and 2 are on annual leave. Agency staff are covering the shortfall. The manager stated he was not happy with the staff training matrix. There was a shortfall on statutory training and he wanted staff to access further training on Food Hygiene, Fire Safety, Health and Safety, the Mental Capacity Act, Dementia Care. However there has been a struggle to locate appropriate training.

-We have approached Salford city council to arrange safeguarding training for our staff and 17 staff members have received training. Additionally 15 staff members have done infection control training as well. We have purchased training materials for mental capacity, first aid, dementia care, health and safety, and food hygiene training, we will ensure that all staff will have up to date training soon.

Environment:

At the time of our visit the care home was clearly under some strain due to the malfunctioning of the lift and low staff numbers due to sick leave. The lift malfunctioning had cut the number of resident that



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the home could accommodate and had also led to the communal areas being converted to temporary bedrooms. As a result, the home felt quite cramped.

The overall impression was that staff were struggling to cope in difficult circumstances. This was due to a general lack of cleanliness, unpleasant odours and outdated furnishing and fittings. The ground floor residents' lounge – now the only available communal area available to the residents who were accommodated on the ground floor – was poorly lit and furnished with old, uncomfortable looking chairs. The communal area was divided into two with a television in each section, which were both switched on and playing at a high volume. The resulting noise, coupled with dim lighting, made it difficult for hearing aid users to hold a conversation in either room.

On the day of the visit a number of staff were off – two on sick leave, two on annual leave, one on maternity leave. Cover was being provided by agency staff.

-The lift has been refurbished and is in excellent working order now; all residents have been moved back to their rooms. This has also improved the day to day working of staff member and normal working environment is restored. Due to the unforeseen situation temporary changes had to be made and the visit was not conducted in normal functioning care home. Please remember this is a nursing home with patients who are incontinent and no matter what you do unpleasant odours are at time unavoidable. We have dedicated cleaning staff and have air freshers installed in the home. The chairs in the lounges are standard winged chairs used in care homes and a few have been brought in by residents themselves and they are adamant to keep them despite them needing changeover. We have a quiet third lounge available but on the day due to temporary arrangements was converted this into a bedroom.

Enter and View Representatives were informed that two residents were still upstairs. However, it was not possible to go up to seek their views as they were in private rooms.

On the positive side, the staff interviewed were clearly happy working at the home. Some had worked there for a number of years and all expressed a strong team spirit. There was a flexible and relaxed attitude towards meals, and it was clear that the cook enjoyed the job and went out of their way to accommodate the residents' likes and dislikes.

Staff have a duty to maintain dignity in care at all times. This includes care taken with language used about residents. Inappropriate language can depersonalise someone. A member of staff was heard to say, 'I'm going to do [the resident] now.' This gives the impression that the staff member is uncaring. The staff indicated that they have received regular basic training in key safety issues, which is positive. However, training in less tangible aspects such as Dignity in Care and appropriate language is equally important.

-This will be conveyed to the staff, but the quoted example has been subjectively interpreted by the reviewer.

Additional Notes:

Whilst it is appreciated that there were additional difficulties on the day of the Enter and View visit due to the lift being broken down, some concerns exist about general standards of hygiene at the home. Some areas appeared to be unclean, and there was a smell of urine in some of the corridors.

-There are two residents in back rooms who are continuously incontinent and are the reason for this odour.



6. Recommendations

Update furnishing and carpets to improve comfort and maintain hygiene.

-We have a phased programme in place.

Invest in service contracts to ensure speedy repairs of essential fixtures and fittings.

-All equipment to have service contracts, but at times the nature and amount of repair needs more time to get equipment back in order. We have spent £16000 on lift refurbishment to make it up to date.

Provide all residents and relatives with clear information about who is who in the nursing home with contact details for the manager.

-They all have this information.

Ensure that residents can access the outdoor space at all times and provide a programme of activities – these do not have to be costly, some charities may go into the home to provide activities free of charge, e.g. singing. Use connections with local churches for support with providing more activities.

-Outside space is always available of course depending upon weather conditions.

Maintain facilities with appropriate service contracts, to try and minimise the effects of breakdowns.

-The reviewer is assuming that there are no contracts, all equipment has service contracts.

Provide up to date staff training for all staff members on Dignity in Care which includes appropriate language and behaviour towards residents.

-This will be incorporated into training.

Build on the very positive feedback given relating to the food by providing cookery sessions for the residents when the new kitchen facilities have been installed.

-Residents are already offered to do short cookery sessions with the cook.

Clear, robust and secure systems in place to share information about the residents' care plans with all staff including newly recruited and agency staff.

-All agency staff get short introduction, they sit in the handover meeting and are supervised by nurse lead.

Care home managers are welcome to work with Healthwatch Salford on any of these recommendations, and authorised representatives will be happy to revisit the care home in three months' time to review progress on implementing these recommendations.



7. Service Provider Response

Provider responses follow relevant notes/recommendations in sections 5 and 6.



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