



Enter and View Report

Heathside Residential Care Home

Visit: 8th December 2014

Report published: 29th January 2015

Background

What is Healthwatch Wigan?

Healthwatch Wigan helps the citizens and communities of Wigan Borough to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Wigan has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

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

Acknowledgements

Given that an unannounced visit is inevitably disruptive to a normal day the team would like to record their appreciation of the hospitality and time provided by the centre manager, Natalie Jones, her deputy, Jane Harniess, and all the staff at Heathside. They were most helpful and accommodating. The information provided in the next two sections was provided by the staff. We were not able to verify all the information provided due to the length of our visit but we had no reason to believe that any information was not provided to the best of their knowledge.

Details of the Visit

Location

The visit took place at Heathside Residential Care Home (RCH) in Leigh

Date/Time

The visit took place on Monday 8th December between 12.00 and 13.15

Panel Members

- Paul Carroll (Healthwatch Director and Lead)
- Ian McCartney (Healthwatch Chair)
- Diane Kay (Healthwatch Enter & View Panel Member)

Provider Service Staff

- Natalie Jones (Centre Manager)
- Jane Harniess (Centre Deputy Manager)
- Other staff on duty

Details of the Service

Heathside RCH provides long term care for residents with advanced dementia. There are 30 beds of which 25 were occupied on the day of the visit. Two of the beds are reserved for a six week assessment of patients about to be discharged from hospital. The home is owned by Wigan Council and the staff are council employees. There is a day centre next door that is now closed and is being transferred to the care home.

Background and Purpose of the visit

This was a planned unannounced visit, partly prompted by a request from the Wigan Council Quality Assurance Team, to assess the services provided to residents around lunchtime. Anecdotal evidence suggested that there was little, if any, choice in the menu and that the standard of food was not good. To obtain an accurate reflection of what was happening it was agreed by Enter and View Panel members that the visit should be unannounced.

The visit followed at least two visits by the CQC in the past few months (and coincidentally another visit just prior to ours).

On arrival the lead introduced the team to the manager and her deputy and advised them of the primary purpose of the visit and re-acquainted them with Healthwatch Wigan letter dated 16/10/14 sent to all homes in the Borough, setting out our role, our powers, and our relationship with the various regulators and our working methodology for conducting Enter & View visits (attached as an appendix).

The lead confirmed that the council and centre management would have the opportunity to respond to the draft report before publication to correct matters of fact and respond to any findings and recommendations. These responses are contained in the appendices at the end of the report.

The lead conducted an interview with the managers whilst the other team members conducted a tour of facilities talking to staff, residents, and a husband of a resident in advanced stage of dementia.

Dining at Heathside Residential Care Home

- Mealtimes are from 08.15 - 10.00, 12.30 - 13.15 and 17.15 - 18.15 with tea and sandwiches provided at around 11.00, 15.00 and 18.00.
- There is a three week menu cycle with the meal of the moment written up on the blackboard outside the two dining areas of different sizes.
- Each of the residents has a care and diet plan which includes meal preferences and exclusions - 'the key is knowing your residents'.
- Most of the residents come to the dining room for their meals and most require assistance with their eating.
- Some of the residents assist in setting up and clearing the dining rooms.
- Any resident giving cause for concern re their diet will be referred to the dietician and/or local GP.
- Whilst not actively discouraged, there is not much family involvement at mealtimes as this can be distressing for other residents.
- The cook has left recently but will be replaced within the next few weeks by a new cook with dementia experience. So there are fewer freshly made 'home-cooked' meals at present (the cook tends to work 09.00 - 16.00 and prepare the evening meal during that time).
- The staff acknowledged that mealtimes had been somewhat chaotic and steps had been taken in conjunction with the council's quality assurance team to ensure a more orderly task-based approach to improve resident monitoring and a calmer atmosphere.

Result of Visit

Observations from the Tour - The Environment

The environment was bright and spacious and all the areas seemed to be well maintained. There is an ongoing programme of improvements to bathrooms and corridors including removal of carpets, new handrails and a new colour scheme, which we were advised was in keeping with good practice for dementia care. The furniture looked to be in good condition. There are a variety of rooms including two dining rooms, a quiet room and a large garden room. Some of the rooms had been decorated for Christmas. In a small lounge there was music coming from a CD player, but there was no-one using the room.

Overall, the appearance of the home was bland and not very stimulating. We didn't see a specific therapy/activity room. There seemed to be a lack of features to provide stimulation of past and current interests or life events of previous decades both for individual clients or their collective memories. The corridors were uninteresting with no memory prompts on walls, floors, dining and sitting rooms. Some bedrooms were devoid of personal items and memories, e.g. photos of themselves, family, holidays, etc.

In general there didn't appear to be anything other than the TV in the way of activities.

Observations from the Tour - The Dining Experience

Just outside the office was the kitchen, which had a hygiene rating of 5 displayed, which is to be commended. There was a large blackboard on the wall outside the kitchen, displaying the day's lunch menu: Fish/chicken burger, chips, spaghetti.

The kitchen was very tidy and seemed to be clean. The catering assistant explained the cook had finished two weeks ago. She didn't know what was for evening meal. She explained she didn't work during the evening meal and her colleague started at 3pm.

There was nothing in the fridges that could be being cooked for the evening meal that day. There was no fresh meat or ingredients to make a balanced meal, only cauliflower/ broccoli, cabbage, bread and milk. The catering assistant said they were waiting for the food to come in and said her colleague was bringing the meat at 3pm from the supermarket. When asked why there were no vegetables with lunch she explained they vary it so they might do veg with the evening meal. When asked if fruit was available she

showed us a melon and 2 or 3 pears, saying that's what they had in at the moment. There wasn't a fruit bowl available for easy access. When asked how the chips had been made, she explained they were waiting for the vacuum packed chips to come in and she had used fresh potatoes, covered with oil, and baked in the oven instead.

The six residents in one of the lounges were invited to come for lunch. Two residents stayed in the lounge, one saying that he eats a large breakfast so tended not to have lunch. He said the food was good, and joked he was "putting on weight!" The other resident who stayed in the lounge was brought her medication on a trolley along with a nutrition drink.

Two residents were sitting in another lounge. A member of staff arrived at that point and gave one of the residents a plate with a chicken burger (cut up into pieces) and a few chips. The chips were very unappealing - limp, pale and very thin, and the filling in the chicken burger looked processed. She put the plate on the resident's lap and told us "A likes to finger feed'. The staff member then sat with the other resident and began feeding her ravioli with a tomato sauce poured on it. The resident said she didn't like it. When asked if the residents had been given a choice of what they wanted the staff member said no. She explained some of the residents weren't able to make a choice. When asked if pictures were used to help them choose the staff member said 'no, there's nothing like that'. When asked why these two particular residents weren't going into the dining room the member of staff said they had chosen not to, that it was individual choice. They weren't brought or asked if they wanted a drink but we were assured that they would get one.

In the TV lounge the resident who had previously been given medicines and a nutrition drink had a plate of sandwiches, but didn't eat them. No-one sat with her during this period.

In one of the two dining rooms some residents had already finished their lunch and were asked if they'd enjoyed it. One of the residents said 'it was mainly potatoes'. They were waiting for their dessert, which was a choice of chocolate cake, jelly and vanilla ice-cream.

In the other dining room a member of staff was asked if there was a reason for the chips being so unappealing. The staff member said she thought they looked dry and it was because there was no fryer and they'd been cooked in the oven. We asked if there had been any vegetables on offer, and she told us yes, there had been spaghetti (she seemed to be referring to ravioli with tomato sauce) and that this lunch wasn't the main meal, more

of a snack. There was a member of staff sitting at a table helping a resident with their meal.

A resident who walked continuously around the home, feeling the walls, didn't have any lunch and at one point she had an injury to her hand or lower arm, causing it to bleed quite heavily. A member of staff attended to her quickly.

We witnessed a resident who was clearly severely affected by her dementia receiving from a member of staff a dinner plate of chips and fish/chicken cake. Despite being sat awkwardly on a chair the "hot" plate was simply placed on her knee and she was left to eat with her fingers, her 'preferred' option. A tray was not fixed to the chair, there was no safety tray cushion.

We witnessed one resident being fed either pasta-tomato sauce or spaghetti hoops by a care assistant. The resident said she didn't like it. She was not offered any alternative. There was a water machine in one of the lounges but it didn't have any cups and when we tried to operate it no water came out.

When the food/plates had been cleared away, some residents stayed at the tables for some time after.

Observations from the Tour - Comments by Residents and Relatives

- A relative spoke positively about Heathside, saying 'you can feel it when you walk in, can't you'
- Another relative said 'splendid staff, it was very difficult for all of us until she came. Very sad but couldn't cope'
- A resident said 'fantastic staff but a bit pricey considering the meals'
- A resident friend 'staff are really friendly, friend seems to have settled down'
- A resident said 'splendid staff and facility feeling 90% better, can now walk a lot better'.

Findings relating to the purpose of the visit

We must acknowledge that the majority of the comments we received were positive. However, the departure of the cook would appear to have had a detrimental effect on the quality and variety of food provided. There is no excuse for not offering a healthy balanced diet at all times, including the provision of fruit and vegetables at every meal. It is a tall

order for the meal assistants to cover for an absent cook - to do all the meals, hot and cold drinks throughout their shift and maintain high food hygiene standards and study for their qualifications.

Food choice was limited. We could not tell the difference between the fish and chicken dishes. The oven cooked chips were poor in texture and taste and little attention seem to be paid to those who preferred to eat with their fingers.

We did not feel that residents were supported adequately to ensure that their nutritional needs were met during lunch. A very small number of residents were helped to eat by a member of staff, the vast majority were sitting in a soulless dining room facing each other with little staff, visitor or relative interaction.

We were not convinced that food and fluid intakes are monitored and recorded particularly the negative high risks of inadequate food and fluid intake.

It is now well understood dementia presents major organisational challenges in cooking, eating and feeding. Dementia patients are often at high risk that they will have an inadequate food and fluid intake. The impairments that arise as a result of dementia should not be an excuse for reducing meal times to a rushed task that staff have to endure but a holistic experience to enhance the health and personal wellbeing of both the residents and staff members. The social aspects of meal times cannot be underestimated and only high quality nutritional food should be tolerated.

Further findings

The staff were friendly, open, committed and clearly fond of both their work and the wellbeing of the resident family. The home was in a good state of repair with an active improvement programme. However, despite these positives we found serious shortfalls in standard good practice.

We understand that the closed day centre will be transferred to the home. We have no knowledge of what the Council's expectation for this added capacity is. We think it would be an opportunity for them to have a thorough review to enable the key stakeholders to consider what needs to be done, with support to develop the site as an exemplar of a dementia friendly community and community resource.

Recommendations

- *A thorough review is taken regarding the standard of the food on offer and appropriate action taken to ensure fresh nutritional food (including vegetables) is served at all meals.*
- *A trained cook is recruited to design and cook healthy menus.*
- *Fresh fruit is available at every mealtime and throughout the day as part of a balanced diet.*
- *Residents wherever possible are able to choose their options (consider using pictures).*
- *Alternative meals are made available where residents don't like the meal on offer.*
- *Staff are encouraged to interact with residents, encouraging them to eat when needed.*
- *The water machine is kept in full working order with cups available.*

We also recommend that Wigan Council take full account of the good practice guide published by the Joseph Rowntree Foundation, Put Yourself in My Place, as well as Stirling University's Department of Dementia Studies, Good practice in design and re-design of homes and living spaces for people with dementia and related disabilities, and Dementia Care Matters: the Butterfly Approach.

Further Actions

The panel will be recommending a further visit in the future to see if the recommendations have been acted upon.

Distribution List

This report has been distributed to the following:

- Heathside Residential Care Home
- Wigan Borough CCG
- Adult Social Services Wigan Council
- Care Quality Commission
- Healthwatch England

Appendices

Appendix 1

Response from Wigan Council Quality Assurance Team

Wigan Councils QA team would like to extend their thanks to Healthwatch for their visit to Heathside. The range of the observations and findings from your visit are welcomed by the QA team. Your recommendations have some similarities to those raised during our regular quality monitoring over the last year and we are pleased they reinforce the recommendations from the mealtime audit in Oct 2014. The management of Heathside have a plan for service improvement that they are currently working to address a range of points and I am sure they will seek to add to that plan the recommendations made by your visit. We will continue to support and advise the managers of Heathside so that the ambition to achieve excellent standards of care for all residents is achieved.

As the first Enter and View undertaken by Healthwatch we think the outcome from this visit to Heathside will confidentially reinforce our working relationship and we look forward to future reports.

Appendix 2

The response from the provider came in the form of an action plan:

Heathside Residential Home

Healthwatch Wigan visit 08/12/14

Recommendations

Area	Action	Person Responsible	Completion Date
A thorough review is taken regarding the standard of food on offer and appropriate action to ensure fresh nutritional food is served at all meals	A new cook has been appointed and commenced her new role on the 15 th December 2014. The cook has experience of providing food in a day service setting for people living with dementia. The home is now providing fresh and nutritional food. A working group has now been set up with the quality assurance officer and the home's management team tasked with identifying further areas of improvement and working towards recognised standards of nutrition for people living with dementia.	Registered Manager	April 2015
A trained cook is recruited to design and cook healthy menus	A cook has now been appointed and interim nutritional menus put in place. A task group has now been put in place to develop nutritional and healthy menus for people living with dementia.	Registered Manager	April 2015
Fresh fruit is available at every mealtime throughout the day as part of a balanced diet.	Fresh fruit is now available at all mealtimes and also throughout the day when serving snacks and drinks.	Cook/Staff	15/01/2015
Alternative meals are made available where residents don't like the meal on offer.	The home does provide alternative meals and the cook now provides a number of options that can be	Cook	22/01/2015

	provided as an alternative to the menu of choice.		
Residents wherever possible are able to choose their options.	We will develop a picture menu for residents at Heathside. We will continue to complete a menu board and will also develop a typed menu to be displayed on each dining table.	Registered Manager	April 2015
Staff are encouraged to interact with residents, encouraging eating when needed.	We will review all residents' food and nutrition care plans. We will develop individual mealtime support plans for all residents. We will identify a working group tasked with improving the dining experience following best practice guidance.	Registered Manager	April 2015.
The water machine is kept in full working order with cups available	The home will remove the current water machine and will replace with two water machine easily accessible and sited throughout the home.	Team Leader	March 2015
Take full account of good practice publications	The home will continue to work with Quality assurance and other stakeholders in developing the service and following guidance published in relation to best practice.	Registered Manager	Ongoing

Results of the visit

Area	Action	Person Responsible	Completion Date
We didn't see a specific therapy/activity area.	The home provides a number of areas for therapy and activities and aim to develop the conservatory into a designated activity area.	Team Leaders	March 2015
The home was uninteresting with no memory prompts on	The home does have recognised dementia signage for bathrooms and toilets. The home plans to develop a bus stop area within the home to allow	Manager	May 2015

the walls, dining and sitting rooms	residents with dementia to rest and interact with staff.		
Some bedrooms were devoid of personal items and memories.	A bedroom audit will be completed to identify rooms and personalise to the individual.	Team Leader	April 2015
A lady resident did not have any lunch	A monitoring list is now in place to identify if a resident has had a meal.	Registered Manager	January 2015
Despite being sat awkwardly on a chair a resident was given a hot plate on her knee and was left to eat her meal.	The home as introduced a third dining area for resident who choose or require a quieter area. The home as introduced individual dining tables for those who wish to dine in the lounges. The home will introduce individual dining care plans for all residents. The home will work with the SALT team to identify training for staff in relation to mealtime support and posture when eating	Registered Manager	Ongoing.

Appendix 3

The letter sent out by the Chair of Healthwatch Wigan via the Quality team advising of the Enter and View process.

Dear Home Owner,

HEALTHWATCH WIGAN "ENTER & VIEW" VISIT PROGRAMME

Firstly may I introduce myself, I am Rt. Hon. Sir Ian McCartney, Chairman of Healthwatch Wigan and member of the Wigan Adult Safeguarding Board and the Wigan Health and Wellbeing Board in addition I represent all Greater Manchester Healthwatch Organisations on the Gt. Manchester Health and Wellbeing Board.

I am writing to advise you that our Chief Executive Mr. Dave Nunns and my fellow Directors will be activating our Healthwatch powers under the Health and Social Care Act 2012, to carry out visits to premises where health and social care services are funded from the public purse. These include NHS Trusts & Foundation Trusts, Local Authorities, GPs, Dentists, Opticians, Community Pharmacists, persons who own or control premises where ophthalmic and pharmaceutical services are provided from, Bodies or Institutions which are contracted by Local Authorities and or the NHS to provide health or care services such as Adult Social Care Homes and Day Care Centres and services provided under the powers of the Mental Health Act.

Healthwatch Wigan is NOT an Inspector or Regulator of Premises, services, or staff. We are trained and DBS checked volunteers who are able to offer a layperson's perspective in collecting the views of patients, clients, staff and families to assist organisations bring about service improvement.

We have a very close working relationship with the following organisations:

- (1) Wigan Council Quality Surveillance Team members and the Director.
- (2) Wigan Borough Clinical Commissioning Group Quality Surveillance Group.
- (3) Care Quality Commission Area Teams for Primary Medical Services, Hospital and Social Care and the 2 National Heads of Inspection.
- (4) Greater Manchester West Coroner and her Coroner's Officers
- (5) Wigan Adult Safeguarding Board and the Safeguarding Children Board

In addition members of the public, councillors, Members of Parliament and Community Groups do from time to time raise specific issues with us. For example if the matter raised was deemed by us to be a safeguarding issue we would immediately inform the Wigan

Borough Central Duty Team, otherwise we may decide to use our Enter and View powers to investigate the issue.

We have spent some considerable time in recruiting and training a diverse group of local volunteers some of whom have been already participating in hospital PLACE visits in Wrightington, Wigan and Leigh, which WWL Acute Foundation Trust have expressed delight in the practical ideas provided by the "PLACE" volunteers.

This letter does not mean you will be visited by us in the next few days, however it does indicate that your establishment(s) could be visited as part of our varied programme of Enter and View activities. If or when one of our teams visit we will have a clear purpose, we will treat all people including staff with dignity and respect. We will be courteous at all times and be as unobtrusive as possible.

We will inform all particularly staff of what we are doing at each stage of the visit, we will never exhibit discriminatory behaviour, respecting differences and diversity. We will at all times respect individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about safety and wellbeing of a service user or if the person consents to the sharing of a specific piece of information.

In our relations with the commissioners and regulators we operate amongst our Staff, Directors and Volunteers a Duty of Care and a Duty of Candour in ensuring that the rights and needs of people receiving health and social care services are provided with respect and dignity. I can assure you and your management team and staff that our Enter and View teams will be in possession of the right skills and personal qualities to work collaboratively with your staff team if we ever decide to visit your facilities.

To help ensure the smooth running of any visit we may make to a site, it would be most helpful if you could brief your staff - particularly duty managers - as to the information contained in this letter and the possibility that they may receive a visit sometime.

If having read this letter and you wish further information on Healthwatch Wigan, please do not hesitate to contact us or even pop in, we would be delighted to meet you.

Yours sincerely



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