



Details of visit

Service address:

**Southlands Residential Home
Within Lane, Brightmet, Bolton BL2 5DZ**

Service Provider:

Southlands Residential Home Limited

Date and Time:

24th November 2015 @ 2.30 pm

Authorised

Representatives:

Anne Bain & Sue Desai (supported by Karen Wilson)

Contact details:

Healthwatch Bolton, St. Georges House, 2 St. Georges Road, Bolton BL1 2DD

Acknowledgements

Healthwatch Bolton would like to thank the Service Provider, residents and staff for their contribution to the Enter and View programme.

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.

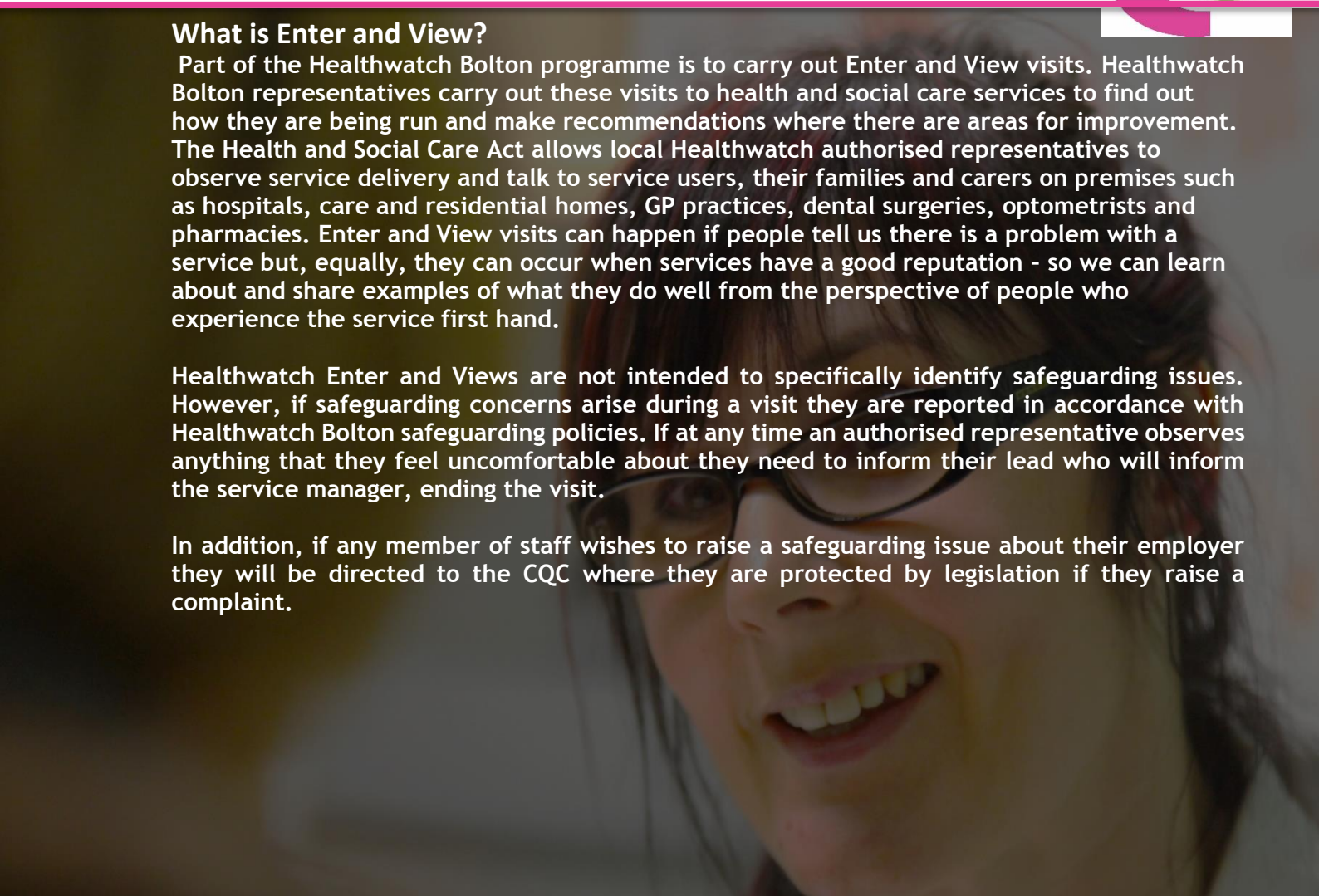


What is Enter and View?

Part of the Healthwatch Bolton programme is to carry out Enter and View visits. Healthwatch Bolton representatives 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 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care and residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 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 Bolton safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a complaint.



Purpose of the visit

- To engage with residents of care homes and understand how dignity and choice 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.
- Capture the experience of residents and relatives and any ideas they may have for change.
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Strategic drivers

- CQC dignity and wellbeing strategy
- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care

Methodology

This was an announced Enter and View 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.

Following a discussion with the Registered Managers, Elaine Winters and Jane Stott, Authorised representatives conducted short interviews with some members of staff at the care home and the Managers had passed our questionnaires to the night staff for their comment so we had nine staff comments in total. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes, activities and staff training were explored.

Authorised representatives also approached four residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home were also explored, to help with our wider engagement work. Five visitors and family members were also spoken to as they were with a relative at the time. They explained to everyone they spoke to why they were there and took minimal notes.

A large proportion of the visit was also observational, involving the authorised representative walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

When they had finished speaking to staff and residents they left them with an information leaflet and explained that a draft report would be sent to the home to check factual accuracy and to allow the home to comment on any findings or recommendations.

Summary of findings

At the time of our visit, the evidence is that the home was operating to a very good standard of care with regard to Dignity and Respect

- Residents looked tidy and clean, we saw no evidence of dignity not being respected.
- We saw evidence of staff interacting with patients positively and regularly.
- Residents had a key worker to look after their personal care and deal with their concerns
- Residents, families and the Management are happy with the services who provide care to the residents and particularly welcome the domiciliary visits from the dentist and optician
- The Manager raised concerns about : communications at the Royal Bolton Hospital between A & E and hospital wards; the Transfer of Care form and; the DNR form

Results of Visit

Environment

The home was really clean and free from any unpleasant or artificial smell. The overall impression of the building was a calm and homely feel with lots of pictures mounted on the walls along the corridors.

The building is arranged so that there is a small patio and garden area where residents can sit out in warmer weather to enjoy the sunshine and raised flower beds and visiting wildlife.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. We visited during a physiotherapy activity and many of the residents appeared to be enjoying a group activity. The residents we spoke with were happy with their personal care and felt that the home caters for their individual needs.

Some residents had difficulty communicating due to deafness or dementia, however a visitor told us that staff are attentive. One person commented that staff do not always notice when the hearing aid batteries have run out.

“Staff are attentive and there seems to be sufficient numbers of staff at most times”

Each resident has a key worker assigned to them who manages a resident’s personal care and works with the family to resolve any issues.

Night staff stated that they find it more difficult to get to know residents as there is not a lot of opportunity to bond with residents and families when working only nights. Day staff comments that they speak with families, chat with residents and get to know them through interaction and by sitting one to one with residents, to play games, read or talk.

“You get to know the residents by interacting. When you care for people on a regular basis you grow to love them and so build friendships and relationships”



Promotion of Independence

Due to their age or infirmity some residents prefer not to go out or take part in some activities but there are lots of opportunities to participate in chosen activities i.e. coffee mornings, choir visits, armchair activities, dancing, church visits. Seasonal activities are also arranged such as Christmas panto and fair, Christmas party. Those who want to go out are either supported for their chosen trip out or taken out by family or friends.

Residents have their own mobile if they are able to use one or they can use the home telephone. There is a facility to skype should anyone want to keep in touch with friends or family this way.

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and positive way. Residents sitting in the quiet lounge were spoken to regularly to check that they were comfortable or whether they wanted anything.

Residents

The Authorised Representative spoke with four residents individually in various parts of the home who have lived at the home around 2 years. We did not enter any bedrooms. One person was difficult to communicate with but the other three felt 'at home' and comfortable and liked the staff.

Observations were made of members of staff joking with patients. There appeared to be a genuine comfort and rapport between residents and staff.

Food

Elaine told us that breakfast is flexible but there are set times for lunch and dinner.

There is no set menu. The chef shops for daily fresh ingredients and gets to know the residents and their families to find out likes and dislikes and prepares meals accordingly. He consults with those residents on a special diet and cooks in respect of their diet.

The drinks trolley also does its round regularly but drinks and snacks offered to suit each individual resident.

All the residents we spoke to were very happy with the food.

Recreational activities/Social Inclusion/Pastoral needs

There are a variety of activities on offer and open to individual preference or ability.

A physiotherapist visits the home and has assessed each resident and drawn up appropriate exercise for anyone who wants to take part.

Some residents enjoy trips out with family or friends but there are lots of activities and events brought in for the enjoyments of residents and their visitors. The local church visits residents, offers Holy Communion and celebrates feast days.

Involvement in Key Decisions

Elaine explained that she does not hold family meetings but has a close relationship with families and is always available if someone has a problem or something they would like to talk about.

Residents weren't sure if they were involved in decisions but relatives we spoke with did feel involved and informed of any concerns, appointments, care plans, etc. and also felt encouraged to get involved and planning in the home.

Concerns/Complaint Procedure

The home confirmed that they have a complaints procedure, although no resident mentioned having used it to us.

Staff

All the staff we saw were smartly dressed and known by their first name. They were all friendly to us and to the residents that we saw them interact with. The staff we spoke with had worked at the home between 4 weeks and up to 16 years and were happy with their workload. They are offered opportunities for further training and would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work. The staff we met were very positive about the service and felt they work well as a team. They felt that the environment is homely and comfortable.

Staff hold regular meetings to discuss ways of further improving their service.

"It's small and we have a good team and the residents come first"

"It is the resident's home – not a sterile environment but their home"

Visitor and Relatives

We spoke with a lady who was visiting her mother. She explained that she is sadly looking to move her mother. She is suffering from dementia and becoming loud and disruptive. She said that the care her mother receives is outstanding but that she has to accept this is no longer the most suitable place for her.

Additional findings

Southlands have a dentist and an optician who make regular domiciliary visits to the home. Some residents have to pay for a private podiatrist between their NHS podiatry appointments as they are not regular enough.

Residents are encouraged to stay with their own GP unless they have become out of area. There are currently 6 GP surgeries who residents are registered with.

The Manager raised number of issues the home has with communications with other services.

- When a resident is sent to A & E with a problem the home sends a record of patient medications, likes, dislikes, ability, etc. with the paramedics. However, there seems to be a lack of communication if the person is moved from A & E to a ward as the home will often get a phone call asking for such information and it does not appear to be passed by A & E with the person.
- When a resident is taken to hospital for any reason a Transfer of Care Form is used. The Manager explained that she does not believe the form is appropriate when accompanying a person from 'home' to hospital and is more suitable as a discharge form.
- There is currently a problem with NWS paramedics saying that the DNR forms are not valid as a section is missing. The Manager has checked with the GPs, who

complete the forms, who say the forms are correct and she is waiting for further clarification from the End of Life Team. If the end result is that NWAS are incorrect this needs pointing out to them.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

- Raise concerns about communication between A & E and wards regarding residents information on admittance to hospital and the Transfer of Care form with Bolton Hospital Foundation Trust
 - Clarify the information on the DNR form with the End of Life Team and NWAS
 - Monitor hearing aid batteries
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Service Provider response

No response
