



**Details of visit**

**Service address:**

**Spennymore Care Home  
Ivy Road, Bolton BL1 6EE**

**Service Provider:**

**Spennymore Care Home Limited**

**Date and Time:**

**30<sup>th</sup> November 2015 @ 1.30 pm**

**Authorised**

**Representatives:**

**Eileen Bennett & Anne Bain (supported by Karen Wilson)**

**Contact details:**

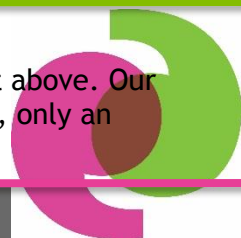
Healthwatch Bolton, St. Georges House, 2 St. Georges Road, Bolton BL1 2DD

**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.

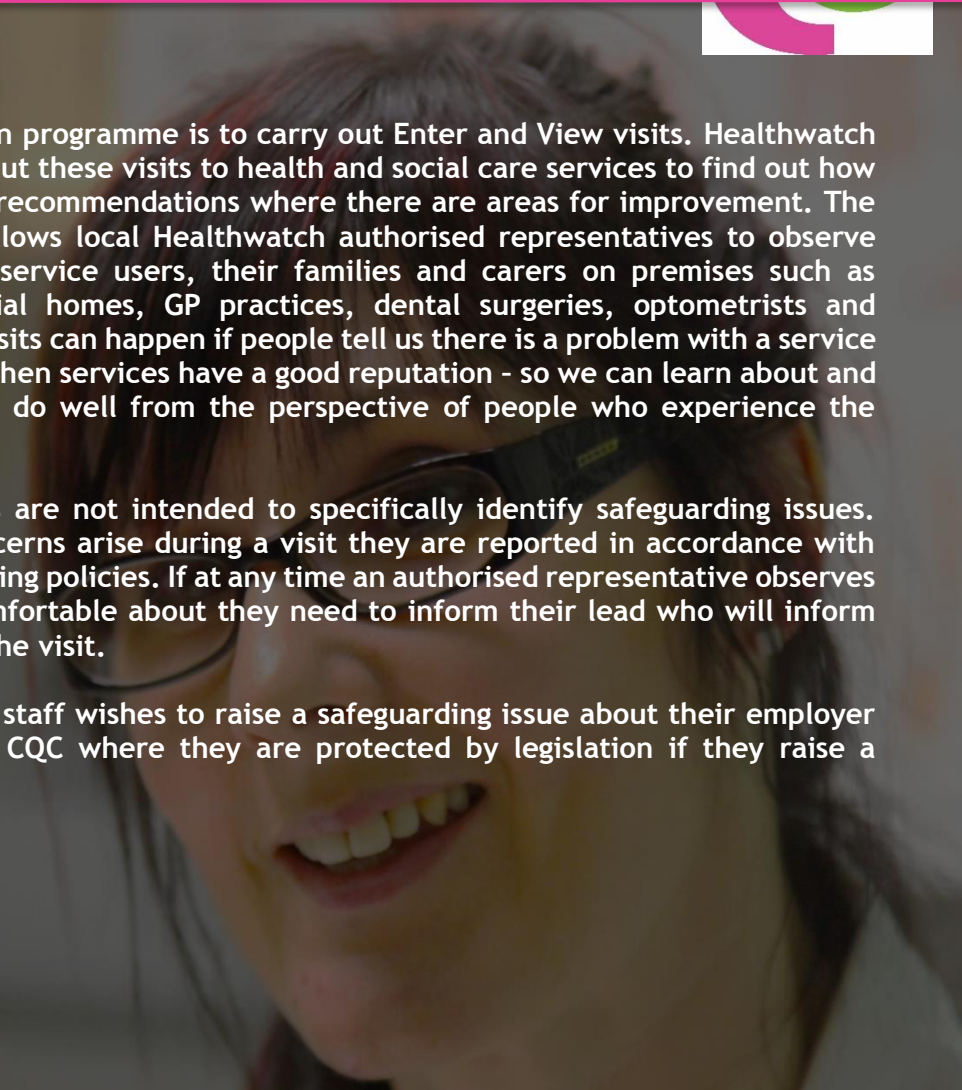


**What is Enter and View?**

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 Senior Care Assistant, Vanessa Jackson, Authorised Representatives conducted short interviews with four members of staff. 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 three 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 have been explored, to help with our wider engagement work. Two family members were also spoken to as they were with relatives 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
- The home was clean, homely and calm, something which a family member stated she liked as this was a home not a clinical environment
- We saw evidence of staff interacting with patients positively and regularly, including just checking they were okay if they had been sat for a while.
- Residents had a key worker to look after their personal care and deal with their concerns
- Residents told us that they were very happy with the food and we spoke with the cook
- We were informed about a variety of activities
- A family member raised an issue with a recent CQC inspection which left her unhappy with how it was conducted and the suggested actions to be taken

## 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. The communal areas were free of clutter.

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 flower beds.

### Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy and we were informed that a hairdresser makes weekly visits. The residents we spoke with were happy with their personal care and felt that the home caters for their individual needs where required, although of those we spoke to the majority were independent.

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.

Staff told us that they feel that they are given all the information they require in order to understand an individual resident's needs and triggers. Staff explained that there are lots of opportunities to sit and chat with residents.

"It is their home so we need to ensure they are happy"

All bedroom doors are numbered and have the name of the resident on a plaque.

### Promotion of Independence

Residents told us they are given choices such as what time they want to get up in a morning or go to bed at night and what they want to wear.

They are offered a range of activities in the home but not many organised activities away from the home unless taken out by family.



### **Interaction between Residents and Staff**

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

### **Residents**

The Authorised Representative spoke with three residents individually who have lived at the home between a few months and 2 years 6 months. We did not enter any bedrooms. All those spoken to felt 'at home' and comfortable and liked the friendliness of the staff.

Observations were made of members of staff joking with patients. There appeared to be ease between residents and staff.

### **Food**

Meal times are set and the daily lunch and tea menu is displayed on a white board although if a resident does not like or want the set meal they can request an alternative.

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

Residents appear to be content with the care they receive and the meals. 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 including crafts, chair-based exercises, musical afternoons and movie nights and opportunities for residents to have their hair and nails done.

Most activities are in-house although residents can choose to go out if they want to.

Residents can have their own mobile phone to keep in contact with family and friends but are welcome to use the home phone if they want to.

A member of staff did suggest that they would like an animal or pet for the home.

### **Involvement in Key Decisions**

Residents and their visitors explained that they do feel involved in their own care.

### **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 are 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 three and fifteen years or more and were happy and felt that there is a homely and friendly atmosphere which they enjoy. They explained that they are given opportunities to sit and chat with residents, getting to know them and their visitors.

One member of staff explained that she had brought her father to live at the home.

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 in the home.

**“There are lots of opportunities to sit and chat, have a laugh with residents. It is their home so we need to ensure they are happy”**

### Visitor and Relatives

We spoke with two visitors. A lady who was visiting her relative could only praise the home.

**“It is exceptionally well maintained. There is never any odour when you enter. All the carers give 100% to the residents and nothing is ever too much trouble. You can easily approach any of the staff for information regarding your relative, they are always cheerful. The home is homely and very clean, as are the residents. I am happy to leave my relative in their care and when I go on holiday I know she is looked after.”**

## Additional findings

The Manager explained that the majority of residents are registered with one GP surgery but can have a GP of their choosing. There is a dentist who will do domiciliary visits when required and she was happy with all other services.



A visitor explained her dissatisfaction with recent recommendations from a CQC visit and after speaking with other relatives about the recommended actions, who spoke with the Manager about their concerns.

## Recommendations

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

- Explore the possibilities of arranging activities away from the home
- Explore the possibility of a pet for the home, alternatively contact the Pet Therapy Service who are able to arrange regular visits with a ‘petting dog’

## Service Provider response

I was very happy with the way your visit was conducted i would also like to say that your team of people who came out where very professional and complimentary about our care home.

I’m very happy with the report that you drafted up. If you need any further assistance please don’t hesitate to contact me.

Kind Regards  
Teresa Jackson  
Home Manager