Enter and View Report

healthwatch Bolton

Details of visit	
Service address:	**Greenlands Residential Home** **44-46 Green Lane, Bolton, BL3 2EF**
Service Provider:	**Greenlands Residential Home Ltd**
Date and Time:	**3rd February 2015 @ 2pm**
Authorised Representatives:	**Eileen Bennett & Jim Fawcett (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 concern.

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.

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.

Authorised representatives conducted short interviews with three members of staff at the care home. 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 nine residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such are accessing health care services from the care home were also have been explored, to help with our wider engagement work. They explained to everyone they spoke to why they were there and took minimal notes.

No family members or visitors were present at the time, however, the authorised representatives left short questionnaires and freepost envelopes available for any visitors over the next few days.

A large 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 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, including just checking they were okay if they had been sat for a while.
- Residents told us that they were very happy with the food.
- We saw evidence of a variety of social activities, however, both staff and residents felt that they would like to see more variety, including opportunities outside the home.
- Staff raised concerns about ongoing podiatry and dental care.

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. We observed some clutter but these tended to be walking aids for residents who were sitting in the TV lounge.

Promotion of Privacy, Dignity and Respect
All the residents we saw appeared well dressed, clean and tidy. We visited on the day of the hairdresser's weekly visit and many of the female residents had, or were having, their hair done in a lounge room clearly used as the salon for the day. The residents we spoke with were happy with their personal care and felt that the home caters for their individual needs.

Promotion of Independence
We observed a number of patients in wheelchairs. Doorways were wide enough for wheelchair access and there was a lift to other levels. Patients who require additional care or who may wander in the night have downstairs bedrooms for their safety and although these are shared rooms, families are consulted and consent given for their relative to share a bedroom.

Interaction between Residents and Staff
We saw evidence of staff interacting with residents in a friendly and positive way. Residents sitting alone in other rooms were spoken to regularly to check that they were comfortable or whether they wanted anything.

Residents
The Authorised Representatives spoke with 9 residents individually in various parts of the home who have lived at the home between 2 weeks and more than one year. We did not enter any bedrooms. All those spoken to felt 'at home' and comfortable, although one lady did state that she would still prefer to be in her own home if that were possible.

"This feels like my home"

"It's comfortable but I would still rather be in my own home"

Observations were made of members of staff joking with patients and one lady told us about her and a member of staff attending her granddaughter's wedding recently. There appeared to be a genuine comfort and rapport between residents and staff.

Food
The daily menu is displayed on a white board although if a resident does not like or want the set meal they can request an alternative. Lunch and evening meal are served at a set time although again residents can eat at an alternative time if they choose. The drinks trolley also does its round regularly but 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.

"The food is good"

"I have never been looked after as well in my life"

Recreational activities/Social Inclusion/Pastoral needs
A noticeboard listed the activities for the day which can include singing, bingo and the hairdresser, who was in attendance during our visit. The majority of residents felt that they could choose whether or not to take part in activities.

However, a comment from both residents and staff was that there were no opportunities for anything 'spectacular' or to take part in activities outside the home.

Involvement in Key Decisions
We were informed that meetings with invitations to all residents and families are held monthly to discuss resident's wishes.

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 in uniform. 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 6 months and 4 years and were happy and felt that there is a good atmosphere which they enjoy. 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.

"Taking care of the residents' wellbeing comes first"

"I like to talk to the residents and their relatives so I know them more, not just as a resident but as a person"

Visitor and Relatives
We did not have the opportunity to speak with relatives or visitors but did leave short questionnaires and freepost envelopes which staff agreed to make available to any visitors over the next few days.

Additional findings

Staff and residents stressed appreciation of their 'brilliant' GP who visits the home twice a month to check on residents but is always available if a resident is poorly or staff have a concern.

Staff raised concerns about dental services and podiatry. None of the residents receive dental check-ups as they cannot get a dentist to come out to the home. If a resident requires emergency treatment it can be distressing as a member of staff has to take that person to a dental appointment and if any dentures are broken they have to be sent away to be repaired.

If a resident is referred to podiatry they will receive an appointment appropriately, however, residents requiring ongoing foot maintenance can wait anything up to 12 months for their review. On occasions staff have to speak to the family to ask for consent to request a home visit by a private podiatrist and the cost of treatment is met from the resident's own funds. Staff feel that sometimes this is necessary rather than prolong a wait for treatment.

Recommendations

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

- The findings did indicate that there is a need to expand the opportunities for activities both in and outside the boundaries of the home. We recommend a review of activities on offer and suggest the home makes contact with a local day centre, church or befriending group to expand opportunities for activities and for those residents who may not have regular visitors.
- The staff indicated that there are problems with the podiatry service and community dentist. Please send details of individual issues to Healthwatch Bolton and we will ensure these are passed onto service providers and commissioners

Service Provider response

No comment received