



Details of visit

Service address:

Lever Edge Care Home

Lever Edge Lane, Great Lever, Bolton BL3 3EP

Service Provider:

Hill Care 1 Ltd

Date and Time:

26th April 2017 @ 1.30 pm

Authorised

Representatives:

Joan Pritchard-Jones (supported by Karen Wilson)

Contact details:

info@healthwatchbolton.co.uk 01204 394603

Acknowledgements

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

Disclaimer

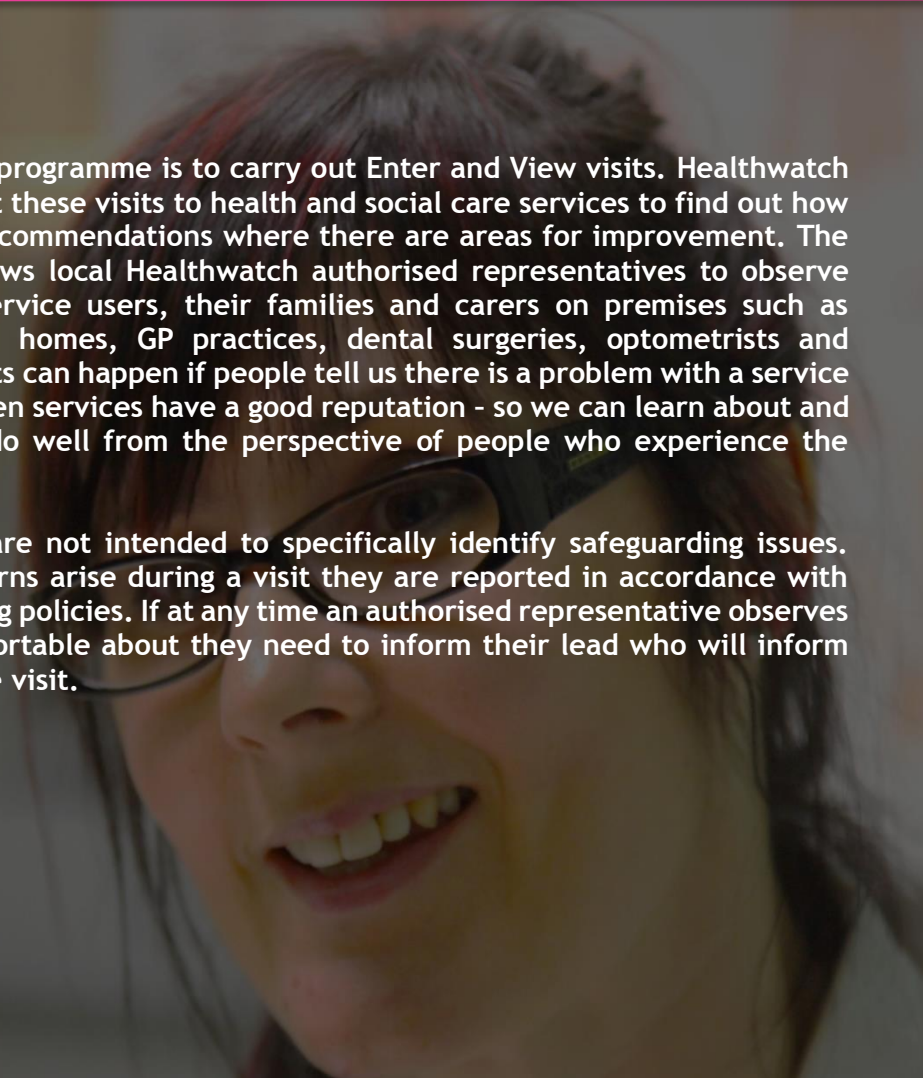
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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.



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 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 Karen McMahon, Registered Manager, Authorised Representatives conducted short interviews with a further seven 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 seven 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.

We did not get the opportunity to speak with any relatives or visitors during the visit. The ARs explained to everyone they spoke to why they were there and took minimal notes.

A large proportion of the visit was 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 visitors 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 good standard with regards 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 residents positively and regularly
- Residents were happy with the food choices offered
- Staff informed us that they received ongoing training
- Staff and residents would like to see additional staff to allow time for more opportunities to interact with residents
- Residents are happy that the home is clean, friendly and the staff are helpful

Results of Visit

Environment

The home was clean and free from any unpleasant or artificial smell and our observations suggest that a good standard of hygiene is being maintained, although there was one bedroom that had a strong smell of urine as we passed an open door. The overall impression of the building was a calm and homely feel with pictures mounted on the walls along the corridors.

The building is divided into 3 areas over 2 floors with access to some outdoor space.

The building is arranged so that there is a variety of lounges, quiet areas and dining rooms where residents can sit, watch TV or join in activities.

All corridors were free from obstruction and had a calm feel.

A small spare room on the first floor was being decorated as a nursery and staff were sourcing nursery equipment to enable some of the dementia patients to take part in doll therapy.

All bedroom doors are numbered and display a photograph and name of the resident. The first floor bedroom doors were painted in the style of a front door of a house.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy and said that the personal care given by staff is good.

Each resident has a key worker assigned to them who manages a resident's personal care and should work with the family to resolve any issues. When asked if the homes caters for individual needs, some residents said yes but some felt unsure.

Staff told us that they try to get to know residents when they are fully staff but it can be difficult to build relationships when there is too much work and paperwork.

Promotion of Independence

The Manager informed us that the Activity Co-ordinator holds residents/family meetings to talk about likes, dislikes, thoughts and suggestions about food and meals and future activities.



There are choices at mealtimes and staff work with residents to make their own choice of food. Residents said that if they want a lie in and late breakfast this can be arranged.

Interaction between Residents and Staff

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

We did not get the opportunity to speak with any visitors but residents informed us that they know the staff quite well.

Staff informed us that they would like more time to be able to build relationships with residents.

Food

There is a rolling menu with options offered at each meal and drinks and snacks in between. Residents informed us that the food is good and varied.

Recreational activities/Social Inclusion/Pastoral needs

The Manager informed us that an Activity Co-ordinator, worked full-time Monday to Friday, had been appointed the previous month, who is pro-active and families have commented that they are really please with her plans and suggestions.

She arranges group and individual activities, trips out locally including to the local church. One member of staff said a mini-bus would be on her wish list.

Recently, arrangements had been made for a community group to attend the home to work with residents to do some gardening activities.

Residents commented that there are some activities but felt more could be offered if funding was available.

One lady told us that she was a keen gardener and would like to be able to do this again. At which point we informed her of the future plans with the community group that the Manager had informed us about.

Involvement in Key Decisions

All residents we spoke felt involved in their care. We did not have the opportunity to speak to any families during this visit.

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 two years and fifteen years and were happy and felt that there is a good, friendly atmosphere which they enjoy. The majority of staff were happy with their workload most of the time but did say there is a lot off sick at the moment so felt that they were not giving residents enough of their time.

They are offered opportunities for further training and felt that training requirements are well satisfied. All said that they would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work.

“I enjoy working with staff and residents. I spend a lot of time in work even on my time off”

“We need more staff and loess paperwork so we would have more time with residents”

“Staff are good, we offer good care and everything is welcoming. It is generally a happy home”

The staff we met were very positive about the service in the home but felt that at the moment there is a lot of paperwork taking up their time and that they could be offering more activities.

Visitor and Relatives

We did not have the opportunity to speak with any relatives or visitors during our visit.

Additional findings

The Manager explained that she has only ben in post for 8 weeks and is aware that the home had just changed in prescriptions collection to Boots pharmacy. She is concerned that communication from Boots is slow but she will monitor the situation before taking action.

Residents who remain in their own GP catchment area may choose to stay with them, if not or if a new residents requires a new GP, the home has a list of GPs in the area available.

We were informed that the home would benefit from the availability of Domiciliary Dentist.



Recommendations

The Registered Manager is the most important staff member in the care home and the person responsible for ensuring standards and residents’ needs are met.

A home should have a stable workforce, the right staff who have the right skills to do their jobs and enough staff on duty during the day and night.

We recommend the current staffing situation is monitored and be certain that there are an appropriate number of staff on duty to respond to the health and care neds of the residents.

Service Provider response

No response received

