



Evaluating Care Homes

Enter and View REPORT

Swinton Hall Nursing Home

Care Home Contact Details:

Swinton Hall Nursing Home
188 Worsley Road Swinton
Salford
Greater Manchester
M27 5SN

Date of Visit:

29th August 2017

Healthwatch Salford Authorised Representatives:

Delana Lawson
Faith Mann



Contents

1.1	Introduction	3
1.2	Acknowledgements	4
1.3	Disclaimer.....	4
2.1	Visit Details.....	5
2.2	The Care Home	5
2.3	Purpose and Strategic Drivers	6
3	Methodology	7
4	Summary of Key Findings	8
5	Results of Visit	9
6	Recommendations	13
7	Service Provider Response	14



1.1 Introduction

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the borough of Salford.

Healthwatch Salford:

- Provides people with information, advice and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and the Care Quality Commission

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

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, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

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 Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford 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 Salford safeguarding policies.

Further information about Enter and View is available at <https://healthwatchsalford.co.uk/what-we-do/enter-and-view/>.

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf.



1.2 Acknowledgements

Healthwatch Salford would like to thank the Swinton Hall Nursing Home staff team, residents and relatives for their contribution to the Enter and View visit.

1.3 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.



Enter and View report for: Swinton Hall Nursing Home

2.1 Visit Details

Service Provider:	Swinton Hall Nursing Home
Service Address:	188 Worsley Road Swinton, Salford, Greater Manchester, M27 5SN
Visit Date and Time:	29 th August 2017, 11am-12pm, 13pm-14pm
Authorised Representatives:	Delana Lawson, Faith Mann
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Home

Group: Ampersand Care Ltd

Person in Charge / Registered Manager: Mrs Caroline Akers (Matron)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home with nursing – Privately Owned, Registered for a maximum of 62 Service Users

Registered Care Categories: Old Age • Physical Disability

Specialist Care Categories: Parkinson's Disease

Admission Information: Non-Smoking Home.

Single Rooms: 38

Shared Rooms: 12

Rooms with en-suite WC: 25

Weekly Charges Guide: Nursing Care Single £466 – £499, Nursing Care Shared (per person) £466 – £499 (These prices are only a guideline, please contact Swinton Hall to find out the exact price.)

Facilities & Services: Palliative Care • Respite Care • Convalescent Care • Physiotherapy • Own GP if required • Own Furniture if required • Smoking not permitted • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

See Care Quality Commission* (CQC) website to see their latest report on this home.

* Care Quality Commission is responsible for the registration and inspection of social care services in England.



2.3 Purpose and Strategic Drivers

Purpose

- To engage with residents of care homes and understand how dignity 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 and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.
- We asked questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden. (2016)

Surveys and questions are based on '8 care home quality indicators'.

A good care home should;

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

Strategic Drivers

Update from CQC dataset 10 May 2017 states that there are 39 Salford Based Care Homes CQC Inspected between December 2014 and May 2017.

Each of the 39 Care Homes were rated based on a 4-scale rating;

- Outstanding
- Good
- Requires Improvement
- Inadequate

The breakdown of Care Homes and their ratings:

- 21 – were rated Good
- 17 – were rated Requires Improvement
- 1 – was rated Inadequate
- 0 – were outstanding

Salford has more homes that require improvement across all the judgement criteria compared to the rest of Greater Manchester. Based on CQC Ratings and comments received locally Healthwatch Salford have made Enter and View of local care homes a priority to contribute to the local strategic improvement plans for care homes in Salford.



3. Methodology

This was an announced Enter and View visit. On first arriving for the 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 interviews with five members of staff at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored. Authorised representatives also approached two residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. One family member was also spoken to as they were with a resident at the time.

A 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 works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

Two authorised representatives had colds on the scheduled day so only two representatives could visit Swinton Hall and thus only two residents were spoken to in depth. This was also owing to who was available, willing and capable of speaking to the reps on this day. We also spoke to 4 staff members plus the manager and one relative.



4. Summary of key findings

At the time of our visit, the evidence is that the home was operating to a variable standard of care in relation to dignity and respect. However, the bulk of the residents seen on the day of the visit required some level of nursing support so their ability to function independently e.g. setting table, going out shopping, was limited by their own health needs rather than by any difficulties presented by the home staff.

Positive feedback was received about some aspects of the care at home. However, staff were often too busy to offer fully personalised support; there was evidence of poor hygiene and basic information about such important matters as complaints procedures were not being shared appropriately with residents and relatives.



5. Results of visit

The Healthwatch Salford Enter and View authorised representatives spoke to the manager, two residents, five staff members and one relative.

Resident Feedback

- Whilst both residents were overall positive about the staff at the home they both felt that staff were often too busy to stop and talk and get to know them. One resident reported that this can have profound consequences. He felt that staff do not have time to stop and chat because they are too busy and said that sometimes residents must wait too long for staff to come to assist them, giving an example of a situation where he thought he had soiled himself and had to wait “several hours” for a member of staff to assist him. In the event he received an apology for this and things have improved. He also said that staff did not have enough time to bathe him and that it was five or six weeks since he’d had a shower. He washes himself over the sink now to keep a satisfactory level of personal hygiene.
- The pressure staff were under was a continuing theme impacting on the freedom of choice and self-determination of the two residents who we spoke to. One resident told us that getting up in the morning and going to bed at night was done when staff decided and not when the resident wanted to get up or go to bed. She described life at the home as being “every day the same” but said she was “reasonably happy”.
- Whilst there are activities going on at the home not all residents are able or willing to join in. However, one resident was extremely happy that his dog could visit him in the home twice a week. This made an enormous difference to him and he was very appreciative of this allowance. Both residents would have liked to go on more outside activities which were not provided by the home and there was a request to be able to access the internet from within individual rooms.
- Whilst both said the manager was very approachable they were unaware of a complaints process.
- Both residents at the time stated that they were unaware if other health services such as dentists, opticians and chiropody were provided at the home.

Relative feedback

- The points made by residents were also corroborated by the relative we spoke to. They were confident in staff skill levels but noted that they are very busy. Whilst the relative was happy with responsiveness of staff and had a good awareness of the needs of her husband she wasn’t always convinced that staff had sufficient time to cater to them. She also felt that she had seen little evidence of activities for dementia patients and that staff did not seem to have enough time to explain and encourage her husband to participate in activities. She would have liked to see more time allowed to enable staff to do this.



Enter and View report for: Swinton Hall Nursing Home

- It was the opinion of the relative that the food seemed good, but she was unaware about a choice of food in the home. However, she was happy that her husband was supported to eat and drink sufficiently.
- The relative felt that she was a welcome and valued participant in the life of the home. She also reported that she had recently attended a meeting for relatives where attendees were told about staffing levels and were given the opportunity to give feedback and ask questions.
- The relative was aware of the complaints process and felt confident to make a complaint. She was satisfied that this would be taken seriously and acted upon appropriately.
- The relative knew who the manager was and thought well of her.

Staff

- There was good evidence of the support of staff from the manager and staff, residents and the family member spoke of the manager's visibility and approachability.
- Staff spoke highly of opportunities for training and development. There was also convincing evidence from all staff interviewed of high levels of job satisfaction. The staff we spoke to seemed highly motivated and passionate about the work at Swinton Hall. Staff spoke about significant changes made at the Swinton Hall in the light of the CQC inspection and how dealing with change has been difficult for long standing staff members, but they were coping and embracing change.
- However, four out of five of the staff wanted to spend more time with residents. They all stated in one way or another that there is limited staff capacity and not sufficient allowance to spend quality time with residents.
- Swinton Hall clearly invested in staff training and development. All staff we spoke to had been on a range of training programmes and one individual had been promoted from a domestic supervisor to housekeeper. Courses included mandatory and further professional development courses. We also noted that the few staff we spoke to had worked at the home for several years from 6 to over 11 years.
- Strong on job satisfaction for staff and a high degree of autonomy and pride were expressed by staff in how they approach their work. Staff spoke passionately about managing the dying process and the importance of being highly trained to do this, enabling the resident to die in a state of, "peace and comfort". Other comments were made such as, "I feel proud when it all looks good and all organised". Staff spoke about enjoying time with residents and being conscious of making Swinton Hall really feel like home. "I drive from Liverpool every day because I love it." "I like putting a smile on faces." "I love it, I want to bring a spark to them".
- All staff had a good knowledge of activities going on and there appeared to be a lot going on within the home. However, no one spoke of residents going on external activity or going outside or on visits elsewhere. Activities mentioned included the provision of Wi-Fi – with residents being able to use laptops and tablets, and take part in activities such as baking and crafts. "It's messy but it's lovely". The Activities Coordinator also does activities with residents on an individual basis dependent on the needs of the person. She said that it was difficult for her to take residents out on trips because of the difficulty of getting taxis that can take



Enter and View report for: Swinton Hall Nursing Home

wheelchairs and because reliance on taxis limits the number of people who can go on an outing. The home does not have a minibus to facilitate outings. There is a weekly rota of activities, which includes visits from the church, crafts, hairdressing etc and there is also a newsletter prepared by the Activities Coordinator every quarter. Swinton Hall seemed to be very good on internal activities, as heard, seen by us and reported to us. Encouragement and assistance to help residents take part in activities is given on an ad hoc basis as and when needed.

- There was also some evidence that resident cultural and religious needs were catered for with the development of personal biographies frequently referred to and the booking of religious leaders at the request of residents. However, we were informed of difficulties of getting a Catholic priest as and when needed for the performance of last rites which we can imagine is particularly distressing for the individual and families when this happens.
- In terms of access to health services it was felt that there was good provision of eye-care but not so good for dentistry and there was no mention of a visiting GP.
- Staff members could cite examples of how a resident or their family member has influenced how the home is run and families had just been sent a statistical survey. This was corroborated by the relative we spoke to.

Management

There have been lots of changes and changes to systems and staff to make improvements, as recommended by the CQC.

- The manager told us that staff are encouraged to develop their skills via regular supervision and appraisal to identify training needs. There is an in-house Training Coordinator and staff are also sent on external training courses. Staff attend training as part of paid work. Staff's views on the running of the home are discussed at staff meetings and their ideas for improvement of the service are welcomed (although staff meetings are only once every 6 months).
- The manager emphasised that her expertise comes from assuming different roles within the home and having a nursing career, which was stated as particularly useful. She stated several times that it was important to have an open-door policy and being accessible and responsive to comments received from staff, residents and relatives. Her aim is to move towards developing a 'they said / we did' board. Residents and families have a say in how the home is run by attending relatives' meetings which are held quarterly where their suggestions are welcomed. An example was given of a family member who fed back that the outside paths were poorly lit. In response, solar lights were purchased for the paths and bushes were cut back. In the event of a formal complaint being made the manager would seek to meet with the complainant and improve communication or change practice where necessary.
- There were measures in place to record and communicate residents' history etc.
- The home has an activities committee and staff, families and residents are invited to join this. The home celebrates birthdays, Easter, Christmas etc. and residents receive a gift on such occasions.
- The manager told us that whilst she was happy with the quality of the food in future she would be focusing on ensuring that residents could have more food choices.



Environment

These judgements are based on observations made during a short (2 hour) morning and afternoon visit. Swinton Hall scored mostly 'Good' on the Observation Checklist. Shortly after our arrival we heard singing and dancing coming from the dining room as an entertainer had been booked. There was a light, airy feel about the place with plenty of natural light. Our observations suggest that a high standard of hygiene is being maintained.

The building is not ideal for its purpose, being large and rambling. This has an impact on staffing, and we suspect that it requires more staff to function safely than would be normal for the number of residents and in turn the lay out of the building may impact on staff response times. The home was clean and free from any unpleasant smell. However, there was a strong smell coming from the clinical waste room on the lower ground floor. The lower ground floor is where residents coming towards the end of life are accommodated.

Some areas had recently been decorated with distinct colour schemes so different floors have a unique colour scheme to help residents know where they are. There was an allocated hairdressing and beauty therapy room plus a sensory and relaxation room adjacent to the activity room.

Both the dining area and conservatory are particularly nice and airy.

The memorial garden is a pleasant peaceful place, which we hope the residents are supported to make use of in pleasant weather.

Additional Notes

Due to sickness of authorised representatives we did not have the capacity to speak to as many residents and relatives as we would have liked to and because of the size of Swinton Hall we would have liked to have spent more time there observing and talking.

We also did not see our information displayed on notice boards advising residents that we would be there. We have left further information, so people are aware that they can contact us if they have any further comments to make. We would be happy to arrange a follow up visit.



6. Recommendations

1. Swinton Hall Management should consider if they have enough staff rostered on to adequately provide an appropriate level of engagement to support the needs of residents. This does impact on the dignity of residents as stated to us by a resident. We are most concerned that there may be residents who are left in a similar state of discomfort and embarrassment but are not able to express this due to their health condition and staff are too busy to notice.
2. The hygiene and unpleasant smell coming from the clinical waste room should be reviewed with the aim of increasing how many times this is emptied and cleaned and where waste is kept and for how long. It is not right that people who are dying on this floor should have to smell this particularly when other areas of the home are meticulous and smell free. We believe that this compromises the dignity of residents and is counterproductive to the efforts staff are clearly making to improve and enhance the dying process.
3. The menu should be reviewed as soon as possible to offer a choice of food to residents.
4. As a matter of routine policy residents should be supported to go to bed and wake when they choose to do so. We strongly believe that any deviation from this principle compromises the fundamental dignity and rights of residents.
5. Swinton Hall should consider how they can increase activity outside of the home and encourage/support residents to take up this offer. Buying a minibus may be an option that the Home may consider.
6. The Wi-Fi signal should be strong enough to enable use from within individual rooms where residents can have privacy.
7. More information should be provided, and arrangements made for residents to access a GP and other specialists.



7. Service Provider Response

1. The staffing levels are reviewed on a regular basis, within this we look at the dependency of the clients, number of clients and we always take into consideration the layout of the home. Unfortunately, we cannot always anticipate the amount of time that someone would need to wait as it would depend on the client that the staff are already attending to.
2. Staff have been advised to ensure that they remove the clinical waste in this part of the building on a regular basis to reduce the build-up of odour in this area. The door closure has been changed for a new one so with this there is now very little odour in this area of the building.
3. The current menus do offer an alternative choice at all meal times as well as catering for individual daily requests directly made to our chef. Our menus are in the process of being reviewed as we change over to more of a winter hearted menu.
4. Clients are supported to go to bed when they choose but at times this may be delayed due to other clients' care needs in process at the time.
5. We have held a meeting with the activities staff to plan for future trips out of the home. we understand how a mini bus could make this so much easier but with our current clientele we do not find that owning our own bus would be beneficial to the home as present. we are looking into using companies such as dial a ride which we consider a more feasible option for days out.
6. A new Wi-Fi system was installed in all areas of the home earlier in the year with additional boosters to reach the upstairs floor, unfortunately there has been some ongoing issues with this and we are in the process of having it readjusted. it should be fully operational in the coming weeks.
7. We try to keep all residents with their own GP but currently there is a large proportion registered with Salford Care Home Practice, they visit weekly and more if required, I will put further notices up in the units regarding this service. Clients are informed of this on admission but due to altering medical conditions, we find that some clients can forget this.



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