



Evaluating Care Homes

Enter and View REPORT

Harmony House Residential Home

Care Home Contact Details:

Harmony House Residential Home
651-653 Liverpool Road
Peel Green
Eccles
Salford
M30 7BY

Date Visit:

5th October 2017

Healthwatch Salford Authorised Representatives:

Safia Griffin
Ruth Malkin
Mark Lupton



Contents

1.1	Introduction	3
1.2	Acknowledgements	3
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 Harmony House Residential 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: Harmony House Residential Home

2.1 Visit Details

Service Provider:	Harmony House Residential Home
Service Address:	651-653 Liverpool Road, Peel Green Eccles, Salford, Greater Manchester, M30 7BY
Visit Date and Time:	5 th October 2017, 13pm-15:30-pm
Authorised Representatives:	Safia Griffin, Ruth Malkin, Mark Lupton
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchesalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchesalford.co.uk

2.2 The Care Home

Group: Reliance Care Homes Ltd

Person in charge: Lesley Bailey (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Privately Owned, Registered for a maximum of 12 Service Users

Registered Care Categories*: Learning Disability • Mental Health Conditions

Specialist Care Categories: Challenging Behaviour • Schizophrenia

Admission Information: Ages from 21 to 65.

Single Rooms: 12

Weekly Charges Guide: Charges 'unknown', please contact Harmony House to find out.

Facilities & Services: Respite Care • Independent Living Training • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • 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 two members of staff at the home, plus the manager. Topics such as quality of care, safety, dignity, respecting and acknowledging the residents and families' wishes, and staff training were explored. Authorised representatives also approached six residents at the care home to ask them about their experiences of the home and, where appropriate, to talk about other topics such as accessing health care services.

There were no visitors or relatives at the time of our visit to speak to.

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.



4. Summary of key findings

Overall from the nine individuals we spoke to and from what we observed at the home it was clear that the manager and their team put considerable effort into the home and caring for residents. This has been reflected in the latest CQC inspection on the 31st of August 2017 rating the care home from 'Requires Improvement' to 'Good' on all areas.

Recommendations were made on:

- Having a say
- Activities
- Food and mealtimes
- Physical Access

The residents and staff were very positive about the care home and it was clear that:

- Residents and staff both felt able to have their say and there were meetings in place to encourage feedback and ideas to be put forward.
- Residents had access to and took part in a variety of activities, some with support from staff. Residents were taken by staff on trips to places like Blackpool or the cinema on a regular basis or as requested, giving the residents access to a wider range of activities and enabling them to take part in hobbies that they would have enjoyed previously to living at the home.
- Choice was given for meals and the communal kitchen and dining area was used by residents.



5. Results of visit

At the time of our visit there was evidence that the home was operating to a consistent standard of care, dignity, respect and choice.

The home caters for up to 12 people between the ages of 21 and 65 with long-term complex mental health needs and/or learning disabilities. However, residents could choose to remain in the home beyond the age of 65 if they wished to do so. Some current residents had chosen to do so.

Residents were supported with care such as medication and medical appointments according to their needs, but no one was supported with personal care such as dressing, eating or toileting. The residents we saw exhibited a high level of physical mobility, coming and going into the communal areas, making themselves refreshments and accessing activities outside the home independently.

On the day of the visit we spoke to:

- Six residents
- two staff members
- The manager

Resident responses - from surveys:

- **Environment:**

Generally residents expressed they were happy with their environment in the home. They could decorate and personalise their rooms how they wished. Residents didn't express any strong suggestions for improvements to the home and two responded with, 'it's alright' and, 'nothing to change'.

- **Activities:**

Many residents commented on doing their own thing and accessing activities outside of the home. They spoke positively about staff taking them on trips and for meals. Some of these trips involved a full day out, such as to see the Blackpool lights. Two residents mentioned that they didn't bother with home activities and that there used to be more activities but not many were organised now. Residents felt able to take part in activities such as shopping, bingo and mealtimes, and to continue with hobbies that they had before coming to the home.

- **Food and mealtimes:**

Residents' comments on the quality of the food ranged from 'alright,' to 'very good.' Many residents felt that there was a good amount of choice for meals and at mealtimes and that they enjoyed mealtimes. They mentioned that there were different choices for snacks and that food could be taken to and eaten in their rooms. One resident commented that they weren't allowed to cook for themselves at the home but that they used to always cook for themselves and enjoyed this before they came to the home.

- **Religion and lifestyle:**

Where there were specific religious, or lifestyle preferences residents said that these were accommodated. One resident said that they were taken to the Catholic Church.



Enter and View report for: Harmony House Residential Home

- **Medical appointments and access to specialists:**

Residents commented that they were supported with medical and other appointments and staff would often take them. They said that appointments were regular, and that staff organise specialist appointments for things like eye tests, dental treatment and jabs.

- **Having a say:**

Residents commented that they had no complaints but if they did they would go to the manager. One resident said that they wouldn't know how to, but the rest said they would go to staff.

- **Manager:**

Residents knew the manager and commented, "very good", "does her best," "caring" and "alright."

- **Staff:**

Residents said that they knew all the staff and that all were okay, that they were busy but did stop and chat to them and were friendly. Some staff spoke to them more than others, with one resident commenting, "Always got time for you." They said that staff knew what they liked and didn't like.

Staff responses - from surveys

- **Manager and support:**

Staff said that they received support from the manager, with comments like, "any support that we need. Professional and personal support." They commented that the manager updates care plans and risk assessments and informs them when things change, like meal preferences.

- **Residents' care:**

Staff generally felt that they had enough time to care for the residents and that they enjoyed their work. One staff member mentioned that even when, "there are days when something crops up", they still feel they have the time to care. They mentioned that they liked getting to know the residents and that they felt a sense of achievement when residents came to them to say thank you.

Staff said that they get to know a resident's life history, personality and health and care needs when they first arrive with their information, and when they review their care plans. They also, "learn as they go along and get information from family when they visit."

- **Training and professional development:**

Staff said that they received regular training such as health and safety, food hygiene and that some of this was done through e-learning. They felt encouraged to develop themselves through training.

- **Activities:**

Staff said there were many activities available to residents outside of the home but that there were fewer activities organised inside. They commented that they used to do bingo and film nights but that residents didn't show an interest.

Staff said that they encouraged residents to take part in activities through residents' meetings and asking for suggestions and that they would put posters up to advertise things like film nights.

- **Food and mealtimes:**

Staff said that mealtimes were flexible, they tried to make them sociable and that they would make food for residents outside of these times when asked.



Enter and View report for: Harmony House Residential Home

Staff commented that they made sure residents eat and drink enough and that there was a food and drink chart updated daily and checked through by the manager on a weekly basis for each resident.

- **Medical appointments and access to specialists:**

Staff said that residents have access to specialists like the opticians and can be taken to appointments.

- **Religion and lifestyle:**

Staff mentioned that they would accommodate lifestyle or religious needs and had done so when they had a Muslim resident who was provided with halal food by them.

- **Resident and Relative Involvement:**

Staff mentioned regular resident meetings and that family members were positive about the home and had not raised any issues they were aware of. They mentioned that residents had influenced the choice in food, as an example.

- **Working environment:**

Staff said that they enjoyed working at the home and that the manager did ask for feedback and encouraged them to come forward with ideas.

Management responses - from survey

- **Management:**

The manager had a care home background and had been in post for some time. The manager gets job satisfaction from supporting residents and trying to meet their needs. They try to develop staff in different ways, through social care distance learning courses, supervision and discussing issues or ideas as they come up.

As a small team there were many opportunities for development and regular team meetings were used to encourage staff feedback and let them have a say on practices.

- **Residents' care:**

The manager received care plans and reviewed these for each new resident. There would be a risk assessment and time would be taken to get to know the new resident when they moved in. Any changes or preferences would be noted in their care plans, such as likes or dislikes, decorating their room to personal taste. There were regular resident meetings and the manager monitored things like medication and food plans.

Residents' cultural or lifestyle preferences were accommodated, and staff would also make arrangements for religious needs.

- **Activities:**

There were no activities like film or bingo organised any more as staff found it difficult to engage residents, as many residents didn't want to get involved. Residents usually went out and did activities outside the home.

The manager often checked with residents, especially if they wanted to stay in their rooms. Staff would take residents out and support them on all day or short trips.



Enter and View report for: Harmony House Residential Home

- **Food and mealtimes:**

The manager maintains eating and drinking plans in each resident's file. Some residents make their own food, and this would also be updated in their file. Residents were encouraged to help themselves to snacks. The manager said that dietary requirements and religious preferences were always catered for and that residents have a choice of menu to choose from. Some residents choose to buy their own food, but they don't have to, as this can be done for them.

The dining room is communal, and staff encourage residents to sit together to make it more social, with eight residents regularly doing so.

- **Medical appointments and access to specialists:**

The manager stated that all residents have access to specialists and medical care. For external appointments the manager usually arranges them, and staff take residents to appointments.

- **Resident and relative involvement:**

The manager stated that residents had regular resident meetings for involvement and that these were advertised. Residents were also encouraged to suggest any items for the agenda and that residents would often speak to them on a one to one basis with any issues.

The manager said that there was a complaints policy and procedure and any complaints would be investigated by them.

Environment

These judgements are based on observations made during a short afternoon visit. Harmony House scored mostly 'Good' on the Observation Checklist. Communal areas and spaces like the toilets were clean and tidy, free from clutter and obstacles for access.

The home and private rooms were over several floors, with a basement used for storage and clothes washing facilities. Access to the private rooms were through staircases and corridors with fire doors. The different areas of the home appeared clean and homely, although due to the many narrow hallways and fire doors and layout of the home there was a lack of natural light, which gave the home a less airy and darker appearance.

There was a smoking room, kitchen, living room and washing room for use by residents, and each had their own private rooms, which they could decorate as they choose but there was no outside area for communal use.

Effort had been put into furnishings and decoration of the communal areas, with plenty of comfy seating and social areas and some furniture having recently been replaced.

Additional Notes

The building provided adequate accommodation to current residents and the age bracket catered for but with some residents choosing to stay on there as they age there is a risk that their mobility will reduce and obstacles like steps up to enter the front door and steps into the kitchen will reduce their independence and mobility.

These access issues and the layout of the home would also make this type of accommodation unsuitable for potential residents with certain mobility needs and make it harder for visitors or family members with restricted mobility to access the home.



6. Recommendations

- Having a say – reaffirm the complaints policy with all residents.

With one resident expressing that they wouldn't know how to complain and others mentioning that they would go to staff or the manager, we would recommend that all residents are advised of the complaints policy for issues concerning the home or staff. It would also be good practice to explain when it would be appropriate to just go to a member of staff and when it might be more sensitive and best to go straight to the manager or through external bodies.

For other issues not connected to the home or NHS complaints Healthwatch Salford would suggest staff signpost residents and support them to apply for an advocate through Mind in Salford.

- Activities – promote activities outside of and close to the home.

Many residents expressed a preference for doing their own activities or being taken on trips. It is suggested that staff promote this with residents, by providing information about community based activities through a communal noticeboard, informing residents of local activities, trips, centres and interests that would get them more active, encourage their hobbies and provide more choice of activities.

- It is recommended that options to involve residents in food preparation and meals are explored.

Although residents commented that they were satisfied with mealtimes and the choice and standard, one resident did mention that "I used to cook, myself. Not allowed to here." It was not clear why this was the case or if it was due to safety reasons. We would suggest exploring other options with residents about getting involved in mealtimes, especially if this is something that they miss and used to enjoy doing for themselves and where practicable they should be encouraged to prepare their own food.

- Physical access to the home could be improved.

Consider planning to upgrade the access to the premises to meet best practice standards.



7. Service Provider Response

- **Having a say**

The service users are asked every time there is a meeting are they aware and do they know how to make a complaint. Some respond no and some yes. It is explained again and again the procedures they can follow. There is a complaints procedure outside the office downstairs on the wall for them to follow. Will take on board the recommendation and give them all a copy of the procedure for their room.

- **Outside activities**

We do ask our service users if they would like to join groups and tell them what is available. We do have two people who go regular to a local group. Recently another service user has been helped to start a music class to help with his guitar playing he went three times and said he didn't want to go again. It is difficult to motivate people who don't want to go out. We will put more on our notice board for the service users to see what's going on locally.

- **Food and mealtimes**

We do encourage our service users to be independent with meal times. We have one man who prepares and cooks all his meals himself. Some service users can prepare and do get their own snacks.

We don't tell them they cannot cook themselves, if they are capable and used to cook themselves and like it. We have a new cook who is happy to involve the service users, we didn't have a cook for a while and so other staff where helping out at the time of your visit.

- **Physical Access to the home**

I will discuss with the proprietor about planning to upgrade the access to the premises to meet best practice standards.

Thank you for the report and your recommendations.



Healthwatch Salford

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