

Enter & View Report:

healthwatch
Trafford

Woodend Care Home

Bradgate Road
Altrincham
Cheshire
WA14 4QU

Tel: 0161 929 5127

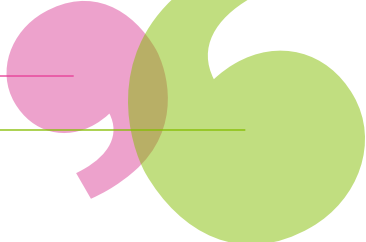
Owner: Bupa Care Homes [ANS] Limited

Manager: Mr Lance Tipper [interim Manager]

Date of visit: 30th August 2017

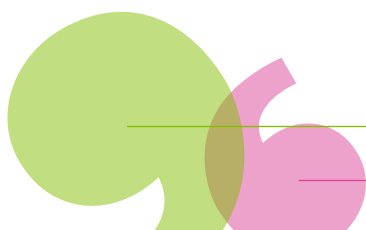
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What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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, 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 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 Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Woodend Care Home 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 service users, only an account of what was observed and contributed at the time.



Executive Summary

Findings and Recommendations

Findings

- Woodend Care Home Residential Care Home can provide nursing and residential care for up to 79 older people. On the day of our visit there were 55 people living at the Home.
- The Home provides residential care and dementia and nursing care.
- Residents we observed and listened to appeared comfortable living at the Home.
- Relatives we spoke to on the day of the visit appeared satisfied with the care delivered by staff at the Home.
- Over 93% of the relatives who completed our questionnaire informed us that they felt their loved ones living at Woodend were treated with kindness and compassion (See full results here <https://healthwatchtrafford.co.uk/wp-content/uploads/2017/11/Woodend-results.pdf>)
- The Home is welcoming and staff were approachable.
- We found that staff had concerns about the management at the Home.
- The Home has an open-door policy and visitors were present during our morning session. There is a signing-in book for visitors on arrival at the Home.



Recommendations:

- Regular review of notices displayed to ensure current and relevant.
- Review of communication between Home Owners [Bupa], management, staff, residents and relatives.
- Despite two coordinators, over 55% of relatives said not enough to occupy residents. Review activities with possible focus on individual activities as well as group activities.
- Inconsistency approach, integration with residents that perhaps could be reviewed with staff and management.

Adoption of the following best practice initiatives:

<http://www.bbc.co.uk/rd/blog/2017-02-bbc-rem-arc-dementia-memories-archive>

- a programme to encourage reminiscence in people with dementia.

<https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition>.

- this is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

<https://www.nice.org.uk/guidance/ng48>

- a link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'



Purpose of the Visit

This visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

This Enter and View visit has taken place as part of a three-year programme of visits to every nursing and residential home in Trafford which has publicly funded residents. This visit was undertaken by lay people who are trained and authorised representatives of Healthwatch who will report on the quality of care they perceive is provided on the day of the visit. This was not an inspection.

Strategic Drivers

We are using any/all of the following criteria for the timing of our visit.

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Length of time since the last CQC visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Resident’s family carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy: [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]
- Changes in management of the home.

These visits are simply a snapshot in time but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.



Methodology

This was an announced Enter and View visit.

Contact was made with the Interim Manager of Woodend Care Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

We sent a questionnaire to the management of the home and received responses prior to the visit (Appendix 1).

We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix 2).

We looked at local intelligence including CQC reports.

We were guided by staff on the residents we could approach to answer our questions. We talked to 12 residents, three relatives and ten members of staff.

**Permission to speak to residents was received from the Manager prior to any conversation taking place.*

Healthwatch Trafford Authorised Representatives

Jean Rose

Georgina Jameson

Marilyn Murray

Kate Gratwick

The visit

Introduction

Healthwatch Trafford visited Woodend Care Home on Wednesday 30th August 2017. The authorised representatives undertaking this visit were Jean Rose, Georgina Jameson, Kate Gratwick and Marilyn Murray.

Healthwatch Trafford undertake Enter and View visits of any care home, GP surgery, hospital or other health or social care facility which is publicly funded either in part or in whole. These visits aim to paint a picture of residents and patients' experience and we hope that our reports will be used to inform the public and potential users of service on what they can expect.

These visits are not inspections; they are a snapshot of what we observed on the day of the visit. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards that the public should expect.

Before our visit, we sent questionnaires out to the management of Woodend and to the residents' families/carers who were asked to anonymously provide their views. The questionnaire for management and the Manager's response is provided at Appendix 1 and the questionnaire for residents can be found at Appendix 2. The responses to Appendix 2 are summarised on page 4.



Profile of Woodend Care Home

Bupa Homes -for more information please use the following link: <https://www.bupa.co.uk/>

Woodend Care Home is registered to provide nursing and residential care for up to 79 older people. On the day of the visit 55 people were living in the home. People were supported over three floors, the ground floor provided accommodation predominantly for people requiring residential care. The first floor provided support to people living with dementia and the top floor provided nursing care. Each floor has a communal lounge, dining area and small kitchen area. The kitchen and laundry is situated in the basement, we did not visit the basement area of the home. All bedrooms have access to toilet and washbasin facilities. The home has a lift access and stairs to all floors. There is a hair dressing room on the top floor of the home.

General Observations

The home was odour free, clean and welcoming. The ambience of the home was calm and unhurried. On entering the home there are welcoming signs, various information posters and a 'you said we did' notice. We observed boards displaying activities residents could access. There were no photographs on display of the staff working at the home and we did not see any complaints procedure on view. The home is set in its own grounds in a quiet, secluded leafy area of Altrincham. There is an enclosed outdoor garden space for residents to use.

Some of the décor was in need of refreshing, for example, residents' bedroom doors were badly marked and would benefit from a repaint and the door in the serving area on the ground floor was noticeably scratched and scraped. All corridors were clean and uncluttered, all rooms including the bedrooms that we observed appeared clean and comfortable. We observed fire extinguishers and fire exit notifications throughout the home.

There is a communal lounge on each floor, all are light, airy and open. There are several tables and chairs situated in the communal lounges that can be used at mealtimes by residents if they wish to eat there.

We observed one hoist in situ over the bath in the bathroom on the first floor. Signage to facilities/WC in the home were not immediately clear. During the visit, we noticed that residents' names had been removed from all bedroom doors.

We brought this to the attention of the Interim Manager who informed us that this matter was being dealt with and names would be replaced on bedroom doors.

On the day, we spoke to 12 of the 55 residents at the home. During the visit, we observed several residents with drinks within easy access, one resident living with dementia requested a cup of tea and we noted it was 25 minutes before the person obtained their drink. When we asked about availability of drinks, we were told by one staff member that people have access to plenty of drinks; that there is a routine at the home which consist of drinks being served at breakfast, mid-morning, lunch time, afternoon break and tea-time and that residents are given extra drinks when they requested them. Staff informed us that they monitor and record the liquid intake of each resident, we were shown the file containing this information. We noticed that not all call bells were in-reach of residents

There is a large menu board situated on the wall on the ground floor clearly displaying the choice of meals for that day. Residents told us they were satisfied with the food. Staff informed us that residents have a choice of menu and can choose where they wish to eat their meals. We were told that many residents do choose to eat breakfast in their rooms.

One resident stated; *"food is good, drinks could be improved"*.

Residents informed us they felt safe living at Woodend and stated that if they had any problems they would speak to a member of staff. One relative stated,

"the home was wonderful and the staff were marvellous"



Residents at Woodend looked well attired and well groomed. We did receive a comment from a relative about clothes not being returned to the correct owner. When we asked a member of staff we were told that all clothes are labelled and returned to their rightful owners.

Woodend employs two Activity Coordinators and we observed them speaking and interacting with several residents individually. There was a list of activities for each floor on the notice board on the ground floor and information about forthcoming events. Photographs of residents taking part in events were displayed although no dates next to the photographs. In one communal lounge, we observed a small group of residents playing dominoes. We saw a quantity of craft materials available in a corner of the communal lounge on the first floor of the home.

As we spoke to people in the lounge on the first floor, a sound track of ‘Mary Poppins’ musical was playing through the television set and the noise level of the television was extremely loud. One resident stated that;

“the television is on all the time and that it was very loud and annoying at night-time”

One resident told us that she enjoyed the armchair exercise sessions at the home, another resident told us that she would like to go out in the garden. When we asked staff about residents accessing the garden we were told that staff do ask residents if they would like to go into the garden.

When we visited the top floor of the home where many of the residents are receiving palliative care we observed the activity coordinator was teaching a few Greek words to residents in the lounge. We were told by staff working on the top floor that they were short staffed as the agency nurse had not arrived and the clinical service manager had taken over the agency staff role. The clinical service manager appeared very busy to the enter and view team. A notice informing people of a scabies outbreak was displayed on a wall on the top floor and when we question the interim manager about this he said that it was from a previous outbreak and that it should have now been removed.

Profile of residents

Woodend Care Home provides nursing and residential care for up to 79 older people. Some residents are living with varying degrees of dementia. The Home specialises in providing care for people suffering with Parkinson’s Disease and those needing palliative nursing care. The residents we saw on the day of the visit appeared comfortable and alert to their surroundings.



Management of the Home

The following comments should be read in conjunction with Appendix 1 which was completed by the Manager of the home prior to the visit. On the day of the visit the Manager provided us with the information we requested.

The Manager informed the Enter and View team that there is an 'open door policy' at the home if residents and their families have any concerns. One relative did inform us that she didn't like to complain in case there were repercussions for the relative living at the home.

Several care staff members told us that they had been at the home for many years and enjoyed working and caring for residents. Several staff members expressed their concerns about the constant change of managers at the home and were candid with their remarks on the lack of leadership and feeling unsupported in their work. All staff members we spoke to during the visit told us they enjoyed working with the residents.

Prior to our visit, we had asked what measures are taken if a resident has a fall. We were informed that all falls are recorded on incident forms and the severity of the fall would dictate actions taken. *[please see questions 21 & 22 on page 7 on Appendix 1].*



The agency nurse on duty during our visit gave us an account of two concerns she had regarding recording keeping at the home. She stated that the staff handover notes are handwritten rather than printed and this makes it extremely difficult to read what has taken place. She added that another concern she has is not being able to obtain observation forms for recording monitoring that takes place in the 48 hours following a fall by a resident. She had raised her concerns when she was last at the home two weeks ago, and again today with the interim Manager. We spoke to the Manager and was informed that he had requested the appropriate printed forms to be faxed over to the home immediately and they should arrive today.

When we asked about staff training, the Manager informed us that Bupa has a mandatory training plan *[please see question 24 of page 7 on Appendix 1].* Staff told us that they undertake mandatory training, which includes fire procedures/evacuation, handling and moving and health and hygiene. Some staff members told us they had knowledge of Deprivation of Liberty [DoLs].

We learnt that GPs from St John's Medical Practice, Altrincham visit a number of residents at the home and that residents have retained their own GPs. Support is available from a range of practitioners for example podiatrists and optician. Dentists do not visit the home regularly to carry out routine oral health checks.



Summary of relatives' responses to questionnaire (appendix 2)

We had 16 responses from relatives, with over 93% informing us that they felt that their loved ones were treated with kindness and compassion. Below are some of the comments we received;

"....I have great peace of mind with the care she is receiving"

"The care my mother has received at Woodend has been excellent. She is treated with dignity and courtesy at all times. The nurses are excellent in foreseeing any problems which may arise. The care staff treat her as if she was their mum, so very kind and caring and they all work very hard".

"Woodend management/processes could easily be improved. Little communication with/from management. Communication with care home frequently difficult/confused. No acknowledgement/explanation for change in General Manager".

"Residents left in lounge at times without staff. Managers don't seem to stay long so no sense of good staff morale".

From the 16 responses received the average rating was 7.5 on scale one to ten [<http://healthwatchtrafford.co.uk/wp-content/uploads/2017/09/Woodend-responses.pdf>]





APPENDIX 1 – Management questionnaire and responses

Please note that responses are listed as they were received and where blank no response was received prior to the visit.

Pre-visit questionnaire for management of Woodend Care Home

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

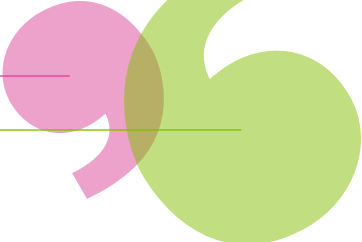
Bupa operates a speak up policy for all staff
There is an open-door policy for the home manager
Resident meeting are held every quarter, this complemented by a “you said we did” notice board

Q2. Do volunteers come into the in the home? If so what type of activities do they do?

We have regular visits from NCS volunteers who play music and support afternoon tea

Q3. Do other organisations come into the home? If so who are they and what do they offer?

Macclesfield town football club
Pulse armchair exercises
Good news group
St Margaret’s Church



Q4. Do residents have fresh fruit and vegetables on a daily basis`?

Yes there is a set menu, and meals are all prepared fresh each day, this includes smoothies, fresh fruit platters, salads are offered.

Q5. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

Yes, each unit has a hostess/host, who provides drinks throughout the day; staff are encouraged to ensure that there are enough drinks for residents

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

Yes, dieticians are contacted when there is evidence of weight loss, or people are identified if they require other nutritional issues

Q7. How do you gauge that residents enjoy their food and drink?

Facial expression, and by asking them, a menu choice for residents is prepared daily, residents are advised of the food choices available. If the resident wishes they can have alternative to the stated menu



Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

Yes in the main, other practices are involved where residents have retained.
St John's visit weekly

Q9. Which healthcare professionals visit the home at your request e.g., chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

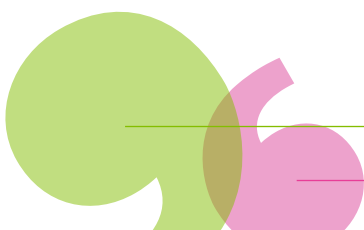
Social workers visit
District nurses.
DOL's assessors
Podiatry

Q10. If professionals do not come into the home, how do you access their services?

Visits are supported via the care home to other services.

Q11. Are resident's likes and dislikes recorded in care plans?

Yes each care plan has a section for likes and dislikes





Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

Reminiscence groups visit regularly, History group, games tailored to the individual, encouraging conversation about past events.

Q13. Do residents have choice over what they wear each day?

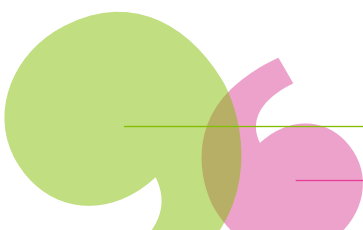
Yes, some residents lack capacity and choices are made in their best interest.
This is recorded in their care plan

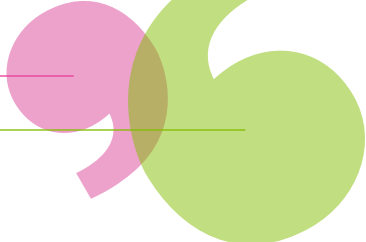
Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

Each resident has a care plan that is reviewed monthly, via resident of the day. Families are invited to attend these meetings to provide input.
R.o.D meetings are audited through our care plan audit process

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

We can access cultural foods and network for religious and spiritual support.
Families are encouraged to offer support and guidance in this area





Q16. Do you have visiting faith leaders in the home?

Cof E minister visits once every two weeks to lead multi faith services

Q17. Do you think about encouraging family and friends to think about having advance directives?

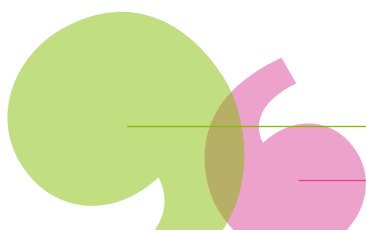
This process forms part of our care planning, we also have a future decisions booklet

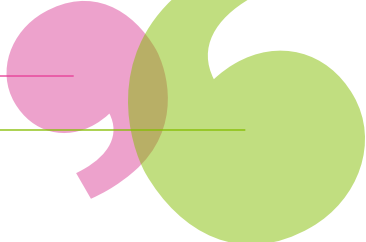
Q18. Do you invite the community to bring in pets?

Yes, we have had Pat dogs visit, mobile zoo, Donkey sanctuary, Zoo lab.
The activity co coordinator ahs brought in her house rabbits

Q19. Do you have regular meetings with residents' families?

There is a quarterly meeting with families





Q20. Do you take residents out into the community?

Yes

Trips have been organised to local garden centres, Altrincham for shopping

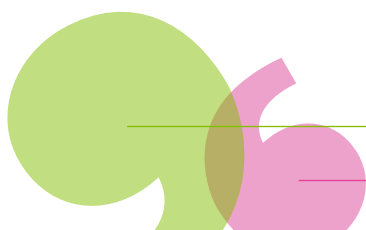
Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major?


All falls are recorded on the falls record and incident forms are completed, the severity of the fall would indicate actions taken, eg CQC notification and safeguarding

Q22. What preventative action do you utilise to prevent falls? Have you access to a falls advisor?

Sensor mats, falls clinic, care plan reviews

Q23. What, if any, feedback have you had from residents in the last three months which have resulted in change?





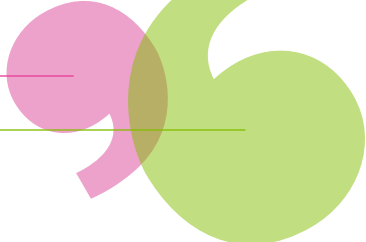
Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, and staff appraisal?

Bupa has a mandatory training plan for each care home; records are kept at the home.

Nurses attend other courses to develop their skills

Bupa also supports staff in dementia training via Person first dementia second training.

Knowledge checks are conducted to appraise staff knowledge of MCA and Dol's

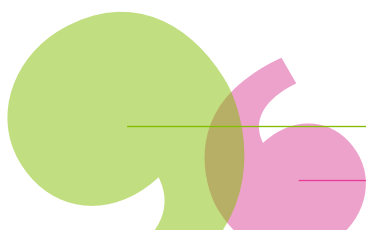


Q25. How do you prevent residents' feelings of loneliness or isolation?

Comprehensive care plans are used to identify likes and preferences, how they wish to interact, who they wish to spend time with

Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe?

Ensuring goods communication, with hand over sheets, daily handovers ensuring care plans and risk assessments are up to date and factual. Audited regularly



APPENDIX 2 - Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's:-

General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

2. Do you think that your loved one;-

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

3. Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

4. Are you:-

Consulted on changes needed to care plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
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Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?

Yes

No

Don't know

Please add in any other comments or observations you would like to make in the box below.

Would you recommend this home to anyone else?

Yes

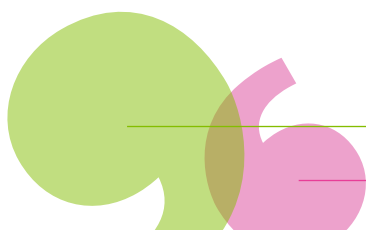
No

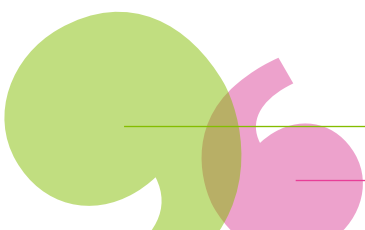
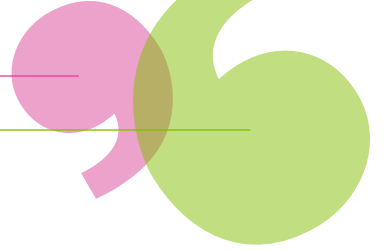
Maybe

Overall, on a scale of 1 to 10, how would you rate this home?

[with 1 being very poor and 10 being excellent]

out of 10







Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health and Overview Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group

Healthwatch England

Chief Nurse / Associate Director of Nursing for Trafford CCG

The provider visited

It will also be published online on the Healthwatch Trafford website (www.healthwatchtrafford.co.uk)

 **0300 999 0303**

 **07480 615 478** (Text or WhatsApp)

 **info@healthwatchtrafford.co.uk**

 **@healthwatchtraf**

 **Healthwatchtrafford.co.uk**



Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford