



# Evaluating Care Homes

Enter and View REPORT

## The Fountains Care Centre

### Care Home Contact Details:

The Fountains Care Centre  
Victoria Park  
Swinton Hall Road  
Swinton  
Salford  
M27 4DZ

### Date of Visit:

15<sup>th</sup> January 2018

### Healthwatch Salford Authorised Representatives:

Mark Lupton  
Delana Lawson  
Faith Mann



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## 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](http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf).*



## 1.2 Acknowledgements

Healthwatch Salford would like to thank The Fountains Care Centre 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: The Fountains Care Centre

## 2.1 Visit Details

<b>Service Provider:</b>	The Fountains Care Centre
<b>Service Address:</b>	Victoria Park, Swinton Hall Rd, Swinton, Salford, M27 4DZ
<b>Visit Date and Time:</b>	15 <sup>th</sup> January 2018 10.30am – 2.30pm
<b>Authorised Representatives:</b>	Mark Lupton Delana Lawson Faith Mann
<b>Healthwatch Salford Contact Details:</b>	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN  Email: <a href="mailto:feedback@healthwatchesalford.co.uk">feedback@healthwatchesalford.co.uk</a>  Telephone Number: 0330 355 0300  Website: <a href="http://www.healthwatchesalford.co.uk">www.healthwatchesalford.co.uk</a>

## 2.2 The Care Home

**Owner:** SPV4 Ltd

**Person in charge:** Humar Anwar (Manager)

**Local Authority / Social Services:** Salford City Council

**Type of Service:** Care Home with nursing. Privately Owned. Registered for a maximum of 98 Service Users

**Registered Care Categories\*:** Dementia • Detention Under Mental Health Act • Mental Health Condition • Old Age • Physical Disability

**Specialist Care Categories:** Alzheimer's

**Admission Information:** Ages 65+.

**Single Rooms:** 98

**Rooms with ensuite WC:** 0

**Facilities & Services:** Respite Care • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Bar/Cafe on premises • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

**Latest Care Quality Commission\* Report on The Fountains Care Centre:**

<http://www.cqc.org.uk/location/1-4361852481>

\* 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 4 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 5 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. 2 family members were also spoken to as they were with residents 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.



## 4. Summary of key findings

The Fountains Care Centre has recently (3 months ago) undergone a change in ownership. The new owners, SPV4 Ltd requested that our visit was postponed in order to embed new policies and procedures in with staff. This was taken into consideration, but it was felt that the visit should still go ahead as our findings can be used to assist the owners with any future improvements.

Our conversations with staff, residents and relatives highlighted issues around:

1. The ranges of activities for residents to take part in and the availability of staff to support these;
2. The need for more visible leadership so that everyone can identify who the manager is;
3. Staff training and teambuilding;
4. Environmental areas of the home that are in need of refreshing/repairing and general upkeep.





## 5. Results of visit

The Healthwatch Salford Enter and View representatives were able to talk with 5 residents, 2 visiting relatives and 4 staff including the Manager.

### Resident Feedback

#### Activities

- Residents didn't seem to know what activities were going on other than having their hair done and nails painted and playing bingo.
- 2 out of the 5 residents said it was easy to join in once you knew what was going on compared to another 2 who said it wasn't easy to join in activities.
- Most residents felt that they were unable to do the activities they used to do before moving into the home, but this was down to deteriorating mobility and dexterity.
- Only 1 resident was able to go on trips out and said this was only when their relative was available to take them.

#### Food and drink

- 3 of the residents we spoke to like the food and enjoyed mealtimes.
- Residents mainly thought that there was enough choice of food with one resident saying, "there is no choice, the meals are horrible and most of the residents don't like the food".
- One resident commented that "some of the food is disgusting, tasteless and not always cooked properly. One of the ovens broke down once and it took a long time for it to be fixed".

#### Religion and Culture

- One resident mentioned that they would like a priest to come in but hasn't seen one, another resident said that a priest regularly comes in and another said there is no respect for religion or culture at the home.

#### External medical needs

- Residents thought that the GP who visited the home was very good.

#### Having a say

- Most residents said that they wouldn't know what to do if they wanted to make a complaint.

#### Staff and Management

- 3 residents said that they didn't know who the manager was, with confusion from the others as to who really was the manager.
- Most of the residents said that the staff were nice with comments like, "can't find anything wrong with them" and "they make me laugh, really are a good crowd but often understaffed".
- One resident commented that the manager "makes staff come in, even when they're not well".
- A couple of residents didn't feel that staff knew them well or what they liked and disliked.
- 1 resident said, "staff can be pleasant, but they can also be nasty". The resident went on to explain that another resident had been ringing the call bell for assistance to go to the toilet, no



member of staff came so the resident had wet themselves. When a member of staff finally appeared, they chastised the resident for wetting themselves and the chair they were sitting in. In some ways this did concur with a situation that we witnessed in one of the areas during our visit. A gentleman was heard to be calling out for assistance with a 'beeping alarm' sounding in the corridor. We found the alarm sound very distracting but both residents and staff seemed unbothered which could suggest that this is a regular occurrence. Staff tended to the gentleman, but this alarm continued to sound for some time with other staff seemingly confused at which other resident was requesting the attention.

- Each of the residents felt that staff didn't have time to stop and chat with them.

## Visiting Relatives Feedback

### Caring for the Resident

- Relatives thought "the head nurse was down to earth and very competent" but there was an issue with not enough staff to be able to do the job properly and the time available to care for residents was also an issue.
- All staff seemed quite competent and knew the residents well.

### Activities

- The only activities mentioned were that children visited from the nearby school and the residents could occasionally do craft things.
- One relative felt that the range of activities was "pretty poor" stating that "the team who are supposed to be sorting out activities are usually pulled out to do other jobs to keep the place running, so they're not doing their activities job properly".
- Relatives did feel however that the residents were supported to take part in activities by the staff.

### Food and drink

- One relative said that the food was "not so good" with no catering for diabetics and felt the monitoring of intake could be better.
- Another relative mentioned that in terms of variety it used to be poor, but this has improved recently.
- The chef is very good; however, the quantity of food is too much - relative had complained about this before but there had been no change.
- Relatives are confident that residents are supported enough to eat and drink as much as is needed.
- Relatives felt that mealtimes are as sociable as they can be.

### External medical needs

- One resident had urgent treatment at the eye hospital following an optician visit to the home. Their relative was very pleased with this speedy response.

### Having a say

- Relatives said that the home does notice and respond when their relatives needs change.



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- There are residents' and relatives' meetings for them to feed into.
- Relatives know how to make a complaint if they needed to.
- Relatives feel confident to make a complaint but don't think it would be acted on properly citing the example with quantity of food given to the residents – the complaint has not led to improvements.

### Staff and Management

- Relatives seemed to be confused with who the manager was.
- One relative thought the manager was polite and friendly to relatives but not to staff.
- Relatives feel that they are a welcome participant in the life of the home.

### Staff Feedback

#### Caring for the Resident

- Staff take a holistic approach and discuss care with the residents and families when they first arrive to build up a picture of the resident's history. Input also comes from the social worker, though social work care plans aren't always accurate or up to date, so staff rely upon information from the family and get to know the resident daily.
- Care plans are then made available to staff and if updated (not always the case) they are useful.
- New staff are paired with more experienced staff to learn about residents needs and staff are encouraged to spend time reading care plans.
- The Nurse in charge informs of any changes to a resident at handover. The care plan is also updated.
- Staff felt that there is not enough time to care for residents as the level of need is very high.
- Meal and drink times seem to dominate the day and take away the time to chat with residents.
- One staff member told us that the morning medication round can be particularly problematic as it occupies one member of staff for a significant amount of time leaving 2 other staff to organise breakfasts, assist with washing and dressing 13 residents with a high level of need. Staff didn't feel they had enough time to care, "would love a 48hr day".

#### Activities

- Activities for the residents to get involved in include: mosaic tree modelling, clay modelling, memory boxes, bingo, pet therapy, gardening, singing, colour-based activities, baking, arts and crafts.
- Activities are tailored to a resident's individual need and where appropriate 1-2-1 activities are arranged.
- Residents are often asleep when activities take place, but the activities are still put on anyway.
- Some residents will look on but won't get involved, "you can't make people engage".
- They don't use musical instruments now as the residents didn't seem interested.
- Not enough time for all activities. Staff usually have to help out in a caring role if the team is short staffed.
- Staff try to give the residents as much encouragement as they can. They will do 1-2-1 activities like ball throwing. Some residents just need a prompt, others may not wish to engage.



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Memory books and memory chests are a good way of getting residents involved. Staff also try to get them involved by offering them a cup of tea or a snack. Staff feel it is important to provide a wide range of activities as not everything suits everybody.

### **Food and drink**

- All activities stop at mealtimes to enable residents to come together.
- Staff can get snacks and drinks for residents outside of mealtimes 24/7.
- Assistance is provided by care staff or family members. Any special support is always available. Most of the residents need assistance, so staff are designated to work with specific groups or residents at meal times. Nursing staff are also available to assist residents who have acute needs.
- Menus are varied with: breakfast - cereal, porridge, toast; Lunch - soup and sandwiches followed by a main meal. Residents often say, "can I have..." and staff will try to accommodate them.
- Mealtimes are fixed at set times but there is some flexibility. Residents who don't want to eat at specific times can still be catered for.
- If a resident doesn't like what's on a menu, the kitchen staff will make sandwiches for them as an alternative.
- Dining room is set out with tables to make it look nice. A bit of background music is played. Staff monitor residents to see who sit well together and try to get a good match with residents. Sometimes they all sing a song before the meal which helps to create a sociable atmosphere.

### **Religion and Culture**

- The kitchen can cater for any cultural requirements that are needed.
- Residents are asked about any religious beliefs when they first move in.
- Staff can take residents to church if they request to go.
- A Catholic priest visits regularly, CoFE Vicar visits as well but less regularly.
- If a resident wants input from a religious organisation it can be arranged.

### **External medical needs**

- External health services that visit the home include: chiropody, district nursing team, the falls clinic, optician and dental.
- Vision call (opticians) come in every 6 months.
- Oral hygiene is monitored by staff and if dentistry is needed then the dentist can come in by appointment or staff can take them to Pendleton Gateway Dental Practice.

### **Having a say**

- Staff are encouraged to feedback issues to management and can attend meetings with senior management and the new management company.
- Residents and their families can talk to management and staff anytime. There are regular residents' and relatives' meetings.
- An example of where a relative was able to influence change was when they expressed how unhappy they were with the variety of soft food that was offered so they spoke with staff who in turn liaised with the dietician and a wider range of soft food was made available.



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- Another example of involving residents input was when a resident was asked to choose the colour of their room which was being decorated.
- Other staff don't feel included or made to feel as part of the team.
- Staff don't really think that they can have a say on anything more important than routine things such as how the lounge is laid out etc.

### Management and Training

- There were mixed messages coming from staff about the level of support they felt they got from the manager with comments including “we get a lot of support from the manager - she visits the unit regularly” through to “not a lot of support from manager”
- One staff member commented: “It isn't always easy to talk to the manager, she often says 'I'm busy, can you come back later’” whereby another said, “It is very easy to talk to the manager”.
- Training is provided but a member of staff said that they are still yet to access training despite being promised at interview some months before and another staff member mentioned that they cannot access e-learning due to unresolved login issues.
- When asked about what staff like about their jobs, comments included: “I love my residents, seeing them achieve something, smiling and happy”, “we're one big family on this unit”.
- Staff like to see the impact they have on residents with improved attitude, weight gain etc. They also said that they liked the variety of work, their colleagues and making a difference to the lives of the residents.

## Interview with the Manager

### Caring for the Resident

- Detailed paperwork first comes from the Social Worker at the pre-admission assessment, but the home also talks to the resident and their families for more background information.
- Care Plans are kept on each unit which are updated monthly.
- Any changes to residents are notified to staff at each handover.

### Activities

- Residents can take part in bingo, gardening & painting. The home arranges for external entertainers (singers) to come in. Activities can change from day to day. Residents also have access to hairdressing and nail painting. Toddlers also come in from a local nursery once a week.
- The home does not take residents out on external trips as the majority of residents are frail, however they do occasionally take them out into the park when the weather is nice.
- Staff sit with residents and encourage them to take part in activities.

### Food and drink

- There is a variety of food and drink for the residents to choose from.
- The home hosts food taster sessions every 3-4 months. They have tried to introduce curry onto the menu, but the residents didn't like it.
- Lists are kept with the resident's dietary requirements along with details such as whether the resident needs pureed food, soft meals, thickener etc.



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- The home tries to cater for all residents' taste preferences.
- The kitchen is open until 5.30/6pm. Staff can make snacks outside of main mealtimes.
- The communal dining area is set up to be a friendly atmosphere with a bit of background music.
- Staff are available to assist residents if they need it.
- Second helpings are also offered to residents.

### **Religion and Culture**

- Staff talk to residents and their families to find out any religious or cultural preferences.
- A Vicar comes to the home on a regular basis, though staff can escort residents to church if they wish to go.

### **External medical needs**

- Residents have annual eye checks and a chiropodist regularly visits. A Dentist comes out, but staff are also able to escort residents to their own dentist upon request.

### **Having a say**

- The Manager operates an open-door policy.
- Staff meetings have in the past been held regularly but this will now move to being held every 3 months as attendance in the past had been low.
- Residents' meetings were also held regularly but these too are moving to be held every 3 months.
- The home operates a whistleblowing policy.
- The Manager occasionally visits the home during the night shift to chat with staff. There is a staff survey every 6 months.
- There is also a residents' and family survey circulated every 6 months and residents and families are encouraged to talk through any issues with staff.
- The home has a complaints procedure.
- Examples of how residents can influence change is usually following food taster sessions - the menu might change. Staff and residents have also in the past requested changes to the layout of the lounges, which the home has been able to accommodate.

### **Management and Training**

- The Manager comes from a nursing background and has managed care homes of various sizes in the past. She enjoys dealing with daily challenges and making improvements.
- Supervisions are held with staff regularly.
- The Manager always encourages staff to develop in their careers.
- Training includes: manual handling, fire safety, equality and diversity, dementia awareness, infection control, food safety, basic life support, end of life. It is a mixture of e-learning and face to face training.



## Environment

The Fountains is a 98-bed home split across 4 units set on 2 floors. Access between the floors is by various stairwells and 1 working lift.

The reception is a spacious tiled floored area with soft leather sofa seating and café style tables and chairs. There is a café hatch to one side of the room where staff can serve drinks to residents, relatives and visitors. Various notice boards are placed around the room with weekly Activity Planners displayed and there is a stocked bookcase with a selection of different reads.

Outside there is a communal courtyard garden in the centre of the complex with sheltered facilities to accommodate people who smoke.

Doors to each unit are kept electronically locked and released by a key system. Call signals in the rooms are displayed on screens at ceiling height within the corresponding corridors.

During the time of visit there were 86 beds occupied.

## Additional notes

Healthwatch Salford was made aware of a programme of redecoration works currently being undertaken in the home with the replacement of 2 lounge carpets and 8 bedrooms floor coverings.

Upon first visiting The Fountains we were taken into the dementia unit. The floor was carpeted, and it was immediately apparent that there was a strong smell of urine present. We were shown around the various units which included bathrooms and communal areas.

In one communal area a resident was eating some food with a member of staff vacuuming the floor in their immediate vicinity.

Bathrooms felt significantly colder than the other parts of the home. One of the bathrooms had suffered plaster damage to the ceiling following a possible leak upstairs. Our Enter and View Representatives expressed immediate concern to the Manager of the need to have this repaired as soon as possible to prevent injury from collapse.

The stairwells leading from one floor to another were looking tired, uninviting and could have done with a clean, with the general décor to the rest of the house looking in need of a refresh.

In one of the areas during our visit, a gentleman was heard to be calling out for assistance with a 'beeping alarm' sounding off in the corridor. Staff tended to the gentleman, but this alarm continued to sound for some time with other staff seemingly confused at which other resident was requesting the attention.





## 6. Recommendations & Service Provider Response

Recommendation	Service Provider Response
<p>Activities – the home to look at a more varied, robust and inclusive programme of activities that is widely advertised with support measures put in place to ensure that the delivery of activities are not compromised when general staffing numbers are low.</p>	<p><i>The varied activity plan will include trips and outings to ensure that residents have access to the local and wider community. The planner will be continued to be advertised throughout the service and discussed at Residents and Relatives quarterly meetings.</i></p>
<p>Senior Leadership Visibility – picture boards to be displayed in each unit and at reception that easily identify who the Manager is.</p>	<p><i>Display board of current staff members will be developed for each unit, so that residents and visitors are aware of the staff teams. All staff wear name badges.</i></p>
<p>Care Plans (pre-admission) – the home to liaise with Social Care to improve the quality and accuracy of information supplied at pre-admission.</p>	<p><i>Pre-admissions are carried out prior to any placement. If the resident is funded by the Local Authority or Health Service a Support plan is provided prior to pre-admission.</i></p>
<p>Care Plans (in house) – residents' in house care plans to be regularly updated and staff reminded of the importance to refer to these for any changes.</p>	<p><i>All residents care plans are in the process of being transferred to SPV4 documentation.</i></p>
<p>Training – all staff training to be reviewed with staff supported to access e-learning and other training modules.</p>	<p><i>All staff have access to E-Learning system and an annual plan of training has been developed, all training attended will be updated on the homes Training Matrix. E-Learning training system is up and running, all staff now have log in details. This had taken some time due to the large staff team, and the data that needed to be input. Since SPV4 took over the running of the home there has been: Moving and Handling, Fire Safety, Basic Life Support Medication Record Keeping and Safeguarding training courses held. An annual planner has been developed</i></p>
<p>Environment – the home to work towards replacing the floor coverings of the EMI dementia unit to ensure that these areas can be kept as hygienically clean and odour free as possible.</p>	<p><i>A full improvement plan for the environment of the home has commenced, this will include re-decoration of the home, replacing flooring and replacing furniture as required.</i></p>
<p>Environment – the home to work towards a programme of redecoration including all stairwells and corridors.</p>	<p><i>A full improvement plan for the environment of the home has commenced, this will include re-decoration of the home, replacing flooring and replacing furniture as required.</i></p>





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Environment – the home to review and monitor the temperatures of the bathrooms to ensure that these areas are not colder than other parts of the home.	
Call bells – the home to look at procedures for staff attending to call bells so that they can identify which residents need support more quickly and without confusion.	<i>Call bell system is under review, staff will attend to call bells in a timely manner and report any concerns with the system to the Registered Manager without delay.</i>
Staffing – the home to look at staffing to ensure there is adequate cover for all roles without compromising other functions.	<i>The Registered Manager will review the staffing dependency levels as and when residents needs change. The home has completed a nationally recognised Dependency model which calculates the staff hours required to support the level of needs currently in the home</i>



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