



Evaluating Care Homes

Enter and View REPORT

Alderwood Care Home

Care Home Contact Details:

Alderwood Care Home
Simpson Road
Boothstown
Worsley
Manchester
M28 1LT

Date of Visit:

23rd January 2018

Healthwatch Salford Authorised Representatives:

Mark Lupton
Ruth Malkin



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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.



1.2 Acknowledgements

Healthwatch Salford would like to thank Alderwood Care 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: Alderwood Care Home

2.1 Visit Details

Service Provider:	Alderwood Care Home
Service Address:	Simpson Road, Boothstown, Worsley, Manchester M28 1LT
Visit Date and Time:	23 rd January 2018 1.30pm – 4.30pm
Authorised Representatives:	Mark Lupton Ruth Malkin
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: Hill Care

Person in charge: Emma Willoughby (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Privately Owned. Registered for a maximum of 39 Service Users

Registered Care Categories*: Dementia • Old Age • Physical Disability • Sensory Impairment

Specialist Care Categories: Alzheimer's • Epilepsy • Hearing Impairment & Deafness • Huntington's Disease • Multiple Sclerosis • Parkinson's Disease • Speech Impairment • Stroke

Admission Information: Ages 55+.

Single Rooms: 39

Rooms with ensuite WC: 39

Weekly Charges Guide: Unknown

Facilities & Services: Day Care • Respite Care • Physiotherapy • Sheltered Housing • Own GP if required • Own Furniture if required • Pets by arrangement • Smoking not permitted • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room

Latest Care Quality Commission* Report on Alderwood Care Home:

<http://www.cqc.org.uk/location/1-135650516>

* 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 7 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.

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

Alderwood Care Home seemed to be a well-managed home offering a wide range of activities for the residents to take part in. Accommodation is spacious, providing a homely atmosphere with a number of communal areas for the residents to utilise.

Food and drink reviews were mixed but the home seems to listen and tries to accommodate resident's preferences where they can. The manager appears to be supportive of the staff and welcomes input from staff, residents and families on how the home is run.

Comments from a few people did suggest that whilst they acknowledge most other residents have various levels of capacity and care needs, those residents who were more mobile and independent felt that the home did not cater as well for them in terms of activities and entertainment. This has sometimes led to periods of social isolation, with some residents spending large amounts of time in their bedrooms alone.

After speaking with the Manager about isolation issues, she told us that when she first came to Alderwood in August 2017, most of the residents would sit in the foyer area, with some residents in the main lounge and others staying in their rooms as they felt they couldn't join in. The number of recliners in the foyer area was a health and safety risk for both other residents and visitors, so upon consulting with residents and asking them what they would like, they decided to make better use of the bigger lounge and make it more accommodating and communal. Since implementing this they have seen an increased number of residents now using the bigger lounge and interacting with each other. There are still some residents who like to remain in their rooms during the day as they don't like to mix with other residents, but whilst respecting their wishes staff still encourage them to join in with activities taking place. "We always put ideas first with the residents as this is their home and always take their comments on board. I feel now the home is more relaxed and not busy in the front foyer".



5. Results of visit

Resident Feedback

Activities

- There is a new activities coordinator who seems very willing.
- It can often be difficult for some residents to get out because of their wheelchairs.
- The home puts on entertainment (singer), the residents can play bingo, dominos, colouring books. They can make bird feeders and watch TV, read papers. Children visit from the local nursery. They can go to the bar and out for meals. One resident said that there were lots to join in with, but they didn't feel ready to join in just yet. There is also a scrap book with photographs.
- 4 residents said that it was easy to join in with activities with 3 saying it wasn't because only 3 people have the mobility to go outside the home unaided.
- Some residents enjoyed the cookery sessions but felt that the space allocated for this activity wasn't that suitable as the room used is merely a preparation area with no actual cooking facilities or perching stools.
- Some residents like to go out when family or carers are able to assist them.
- Transport is expensive and seems to be a barrier of residents getting out and about.
- Some residents can go out regularly on trips.

Food and drink

- 3 residents really liked the food "Superb. Much better than you get at the shop".
- 3 residents said that they get enough choice of what to eat "Good food - today meat and potato pie - lovely!". 1 resident said that they "never give you enough of what you like". Other residents commented "jacket potato is a treat" and said that they were supposed to get fruit every day, but don't.
- 4 residents said they didn't think a lot of the food "it wasn't a proper menu". One resident commented "we don't get enough! When you fancy something nice, it's not on the board".
- One resident said that it wasn't easy to get tea "when it comes, it's cold".
- All residents enjoyed the sociable aspect of dining together .

Religion and Culture

- A Vicar comes in regularly. There is a Catholic morning service with communion.

External medical needs

- An optician visits as well as a nurse practitioner (there was no GP) though a couple of residents said that it doesn't feel like a proper consultation and there isn't any privacy - the nurse often talks to the resident in the dining room about their problem.

Having a say

- Residents said that they would talk to a member of staff if they wanted to make a complaint about the home.



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- A couple of residents felt that the Area Manager didn't like to hear negatives and it was like hitting a brick wall.
- The residents have been promised new chairs, but these haven't materialised.
- If residents could change anything about the home they would like a more regular menu, more activities, different cutlery.
- Some residents felt that they had to stay in their rooms as there is no room to relax. In the communal lounge people are often asleep and don't converse.
- Residents feel that the home needs an electric hoist so that more people can enjoy having a bath.
- A comment came from one of the residents that the new wet room downstairs didn't seem to be draining very well and leaves a large puddle which made the resident concerned about standing and slipping in it.

Staff and Management

- Most of the residents knew who the manager was at the home.
- Most of the residents thought the manager was very nice. One resident was sceptical as they had gone through 5 managers in the past 3 years.
- The majority of residents thought that most of the staff were alright, but one resident said that staff do not always treat them with dignity and respect, the resident didn't want to elaborate further.
- Residents feel that staff do have time to stop and chat though they are aware of how busy the staff are. One resident mentioned that staff aren't always quick to answer the buzzer, the sound of which was a nuisance.
- All residents knew the staff and felt that the staff knew them as well.

Staff and Manager Feedback

Caring for the Resident

- The home initially gets to know about residents needs at the pre-administration assessment.
- They create a Life History book that details things such as school, work and family life.
- A Care Plan is then created to be centred around the resident and these plans are kept in the service office for staff to reference. Staff know where these are kept so that they can refer to them when needed. Any changes are communicated at handover
- Staff will also chat with residents and get to know about their likes and dislikes. Sometimes staff use pictures to start up a great conversation.
- Staff would love more time to be able to spend with the residents but feel perhaps they don't have enough time. Weekends tend to be a more relaxed time.

Activities

- The home tries to create a 'wish list' of things that the residents would like to do, and staff do their best to accommodate them.
- They have recently appointed an Activities Coordinator.



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- They have trips out of the home (e.g. the local café) which staff can put themselves forward to assist with.
- Movie days, singing, board games, carpet bowls, seasonal activities like Burns' Night, making birdfeeders, taking part in national Story Week, drawing projects, dancing with dementia, singing hymns and playing with soft balls are other activities that take place in the home. Children also come in from the local nursery quite often.
- Staff try to encourage residents to take part as much as possible but always give them the choice.
- There is a weekly plan for activities and the residents are reminded about what is happening on each morning.
- Staff chat with the residents and ask them what they would like to do on a regular basis.
- Staff give as much support as they can.

Food and drink

- There are food and drinks menus circulated. Collectively if the residents tend not to like a certain food, then the kitchen will change the menu.
- Food is available for residents 24/7 in the form of snacks and meals. Regular tea rounds are undertaken but residents can request snacks and drinks at any time.
- There is a weekly menu set with choices for the residents.
- There are plenty of options if they want something that is not on the menu.
- The menus cater for residents who need fortified food, gluten and allergy free.
- All food is cooked fresh and there is a checklist that staff can refer to see what a resident's preferences and requirements are.
- Staff try to make the atmosphere in the dining room homely, they will often sit with residents and chat with them over meals though mealtimes can sometimes be distracting for the residents.

Religion and Culture

- Staff find out about residents cultural and religious beliefs by talking to them and their families.
- The home had recently had a Chinese resident whose first language wasn't English. Communication was difficult, but staff were able to overcome this with the help of the family and by using pictures.
- A vicar regularly visits the home. Volunteers also come in from the Catholic Church.

External medical needs

- Visiting services include: GP, optician, physio, district nurse, audiology, CPN, podiatry.
- There is an issue with getting a dentist out to the home, but staff are able to take residents out to their own dentists if they prefer.

Having a say

- There is a complaints procedure that is displayed within the reception area of the home.
- Staff have a suggestion box where they can leave comments anonymously.
- Staff feel that they can have a say in how the home is run.



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- They have regular staff meetings where managers ask staff for suggestions for improvement. Staff commented "what I like about this is that they take your ideas on board".
- Staff get lots of support from their manager. They feel she is "supportive", "open to ideas" and if you have any problems you can always go and see her.
- The manager's door is always open, and staff think it is very easy to talk to her.
- There are also regular residents' and family meetings.
- Residents and families can speak to staff or the manager at any time.
- Examples of where residents and families have made suggestions to the home include: more exercise classes (staff went on a course to learn how to deliver this), different food requests are often welcomed by the kitchen, heating and temperature of the home.

Management and Training

- The home offers regular in-house training. Staff can take part in other NVQ's by Chesterfield College that are also funded by the home. There is a Senior Carer programme going on. Medications' training and 'how to write a care plan' training. The manager is open to ideas of other training as requested by staff.
- The home encourages staff to continually develop their skills. Courses include: end of life training, moving and handling, train the trainer, Protection of vulnerable adults. When one staff member requested to go on a course the manager said "yes" straight away.
- When staff were asked what they enjoyed about their jobs they overwhelmingly said, "the residents". Staff enjoy chatting with them. "Staff are great here. At the end of the day, I really enjoy my job"

Environment

Alderwood Care Home is a detached property set out on 2 floors with lift and stair access between each. There is a small communal garden to the rear and nice nurtured gardens to the front for the residents to look out on.

The home has a number of communal areas for residents to sit in: a main lounge, dining room, reception area/lobby space, a small room decorated out to look like a cosy tea room and there is a hairdresser's room.

Bedrooms were mainly on the first floor with a few on the ground floor near to the lounge.



6. Recommendations & Service Provider Response

Recommendation	Service Provider Response
Undertake an assessment of the drainage of the new wet room so residents feel reassured when using it that they are not going to slip.	<i>We have checked the drainage in the new wet room since this has been highlighted and found no cause for concern; however, we will continue to check this daily ensuring that our residents remain safe and reassured so that they can continue to use their wet room safely.</i>
Make provision for residents to have a conversation with visiting nurse/GP in a confidential environment, ideally not at the dining table.	<i>We have a meal protection policy in place and will ensure that all GP's and other visiting professionals adhere to this.</i>
Consider providing a motorised hoist or fitting an accessible bath to enable more residents the option to be able to bathe.	<i>This had already been addressed and it is something that we are looking into having in place.</i>
Consult with residents to ensure that their concerns about the food and drink are addressed.	<i>We have regular meetings with residents to update them on any changes. Any changes with the menu will firstly be brought to the resident's attention before making any decisions. we also check daily with residents and take back any feedback from them to the kitchen.</i>
There is a café area for residents and their families, but this is sometimes used as a staff training room. Residents would like to be able to use this more often as it is somewhere to chat away from the communal lounge, and this may help to reduce social isolation.	<i>We encourage both family and residents to use this room as much as possible and this is for them, however we also do have in-house training and this room is the only available place to use and we make sure that family's and residents are aware of when training is taking place.</i>



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