



Evaluating Care Homes

Enter and View REPORT

The Hamlet Care Home

Care Home Contact Details:

The Hamlet Care Home
21 Cromwell Road
Eccles
M30 0QT

Date of Visit:

Tuesday 13th February 2018

Healthwatch Salford Authorised Representatives:

Safia Griffin
Ruth Malkin
Delana Lawson



Contents

1.1	Introduction	3
1.2	Acknowledgements	4
1.3	Disclaimer.....	4
2.1	Visit Details.....	5
2.2	The Care Home	5
2.3	Purpose and Strategic Drivers	6
3	Methodology	7
4	Summary of Key Findings	8
5	Results of Visit	12
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 Hamlet 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: The Hamlet Care Home

2.1 Visit Details

Service Provider:	The Hamlet Care Home (Abbotsound Ltd)
Service Address:	21 Cromwell Road, Eccles, M30 0QT
Visit Date and Time:	Tuesday 13 th February 2018, 13:30pm-15:30pm
Authorised Representatives:	Safia Griffin, Ruth Malkin, Delana Lawson
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: Abbotsound Ltd

Person in Charge / Registered Manager: Elisa Hampson (Manager)

Local Authority / Social Services: Salford City Council

Type of Service: Care Home only (Residential Care) – Privately Owned, Registered for a maximum of 9 Service Users

Registered Care Categories: Dementia • Learning Disability • Old Age • Physical Disability • Sensory Impairment • Younger Adults

Specialist Care Categories: Asperger Syndrome • Autism/ASD • Challenging Behaviour • Down Syndrome • Epilepsy • Head/Brain Injury • Schizophrenia • Speech Impairment • Visual Impairment

Admission Information: Unknown

Single Rooms: 9

Rooms with en-suite WC: None

Weekly Charges Guide: Unknown

Facilities & Services: Independent Living Training • Own GP if required • Own Furniture if required • Close to Local shops • Near Public Transport • Minibus or other transport • Wheelchair access • Ground Floor Accommodation only • Gardens for residents • Bar/Cafe on premises • Television point in own room

See Care Quality Commission* (CQC) website to see their latest report on The Hamlet Care 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. During the time of our visit, there were 4/5 residents living at the home.

Authorised representatives conducted interviews with **three** members of staff at the care home, including the Deputy Manager. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored. Authorised representatives also approached **two** residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. **One** family member was also spoken to as they were with a resident at the time.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

Due to the accessible information needs and disabilities of many of the residents an Easy Read version of the resident's survey was created, and Talking Mats were also used to communicate with residents as appropriate. The Easy Read survey can be found at **Appendices** at the end of this report.

Some paragraphs and text in this report have [], in part of a sentence. Anything written in [] represents words we have added for clarity or removed to protect identity.



4. Summary of key findings

Residents expressed a sense of being comfortable and happy in the home, were able and supported to have choices in food, activities and their care. They enjoyed one-to-ones with both staff and other residents.

Staff expressed a high level of pride in their work and said that they were supported well by management with regular supervisions and training to carry out their role and care for residents.

It was clear from speaking to residents and staff that many activities were available and offered and residents could join in with activities at the day centre and staff respected residents right to refuse but there was some concern from a family member about one resident's weight gain and how staff might better support their family member to get active again. This, in part, could be put down to lifestyle choice and staff respecting the resident's right to autonomy and choice.

Other needs were catered for and accommodated, with staff supporting residents to access health care services and making changes to the menu to suit one resident's requirement for Halal food.



5. Results of visit

Three Enter and View authorised representatives visited The Hamlet. At the time of our visit, there was evidence that the home was providing what appeared to be a high standard of care in relation to dignity, respect and choice.

Resident Feedback - according to the residents we spoke to:

Activities

- Residents took part in a variety of activities, including cooking, games, dancing and drawing, with one resident saying it was easy to join in but another resident saying they didn't join in, *"Don't like arts and craft. Don't like games"*. Residents also mentioned how much they enjoyed talking one-to-one with staff and other residents, to an extent.
- Both residents spoken to said that they used to do different things before they came to the home like using a computer or going to the cinema but that they didn't now. It was evident from communicating with residents that their needs and confidence had changed during the time they had lived at the home, with one resident feeling more confident and able to join in. This resident also expressed some interest in doing more or doing things that they used to do before they came to the home.
- Group trips were mentioned, like going to Blackpool and eating fish and chips or going to the Trafford Centre, with one resident saying that they had not been on the minibus or a trip for a long time.

Food and Mealtimes

- Both residents said they liked the food, *"brilliant," "I like the food"* and mentioned what type of foods they liked to eat. *"sometimes we can go in the taxi or walk to the shop to get food. We get a treat on a Saturday – a takeaway. We get a Sunday Roast on a Sunday, with peas, vegetables."*
- One resident thought that there was enough choice, but another said only sometimes.
- One resident said that they enjoyed mealtimes, and another mentioned some rules, such as emptying the bin every day and no meals in the resident rooms, although snacks and drinks were allowed.

Health and seeing health specialists

- One resident went to the dentist on a regular basis and the other resident was told that they didn't need to go to a dentist when they asked about going. One resident had their eyes tested. The other hadn't had an eye test since they started living at the home and they had been living there for about 8 months.

Religion and culture

- One resident didn't have any religious faith and the other went when they wanted to the local Mosque and prays in their room and agreed that their religious and cultural needs were respected.

Management

- There was a little confusion of over who the manager was from the residents, with one saying, *"sometimes he comes in and looks after us"* and the other saying they didn't know the manager.



Enter and View report for: The Hamlet Care Home

Staff

- Residents knew all the staff, thought the staff were nice and did have the time to stop and talk to them throughout the day *"Yes, a lot during the day"*, but one resident expressed a wish for more time and opportunity to talk.

The Home and environment

- Both residents said they knew what to do and to talk to staff if they were unhappy with something. One resident said he rang the bell, but staff didn't come quickly, and this was a while ago when it happened.
- One resident said that there was nothing that they would like to change about the home. The other resident mentioned they wanted to do more things and have a PlayStation. They had mentioned the PlayStation to a staff member who was going to sort this out for them.

Relative Feedback - according to the relative we spoke to:

Activities

- The relative we spoke to expressed a wish for their family member to be supported to do more exercise and go out more, *"Go to the library, there are courses on at the library. Start going to the gym, activity is good for you."* They had told staff about encouraging more exercise and had expressed concerns about their family member having put on weight since coming to the home.

Food and mealtimes

- The relative was satisfied with the quality and choice of food and said that their family member liked the food, *"they prepare salad, veg. Healthy food. Very nice food. On Saturday they eat Pizza."*
- The relative felt that more support could be given to encourage their family member to drink more water or juice and water and that they had reminded staff of this.
- The relative spoke of the progress of their family member going from staying in bed most of the day to coming out of their room and eating in the lounge with other residents *"[---] is much better,"* and of the staff positively encouraging this.

Health and seeing health specialists

- The relative said that their family member sees health specialists when needed and at one point did so on a regular basis. There were some issues with the family member being reluctant to see the GP, but this was resolved and that their family member was now much better.

Religion and culture

- The relative said that their family member's religious and cultural needs were catered for and accommodated, and staff would take their family member to a place of worship if requested.

Management

- The relative knew the manager and thought that they were friendly and helpful.

Staff

- The relative said that the staff were nice and intervened promptly and appropriately when another resident was bothering their family member.
- The relative said that staff knew their relative but wanted them to encourage their family member to do more things that they used to do before they lost their confidence. Now that they were much better the relative was happy to see the staff responding to their family



Enter and View report for: The Hamlet Care Home

member's request to go out but said that their family member needed to be prompted more, as they wouldn't always ask or might be initially reluctant.

The Home and environment

- The relative expressed that they felt welcome in the home.
- The relative didn't mention any active feedback channels where the home asked for views but did say that their family member tells them if they want something changed and they tell staff and the staff respond.
- The relative expressed that they were confident that if they had a complaint about anything that the staff would listen to them.
- The only thing the relative would change is for more support or encouragement for their relative to be out and active at least three days a week.

Staff Feedback - according to the staff we spoke to:

Activities

- Staff mentioned a variety of activities and options for residents to take part in, such as attending the Day Centre, baking, going out, doing gardening and minibus trips, *"I wouldn't mind living here myself."* If residents wished, there were activities to do every day.
- Staff were given autism training and would try and find another way to communicate and encourage residents to take part in activities, *"We treat every situation different. We ask clients if they want to cook."*

Food and mealtimes

- Staff said that there aren't set mealtimes, that they knock on resident's doors and encourage them to eat together in the lounge, *"they all eat together in the lounge. It depends on whether they need help."* Staff set the tables at 12pm and 5pm but if residents aren't hungry they can eat later.
- There are two choices at mealtimes and residents pick which one they like *"They know what they want and ask for it", "There is lasagne or chicken sausage with gravy and mash tonight. All fresh!"*
- Staff said that mealtimes are very social and that residents talk, often for hours, *"All residents are chatting. Chit-chat over food, sometimes 4:30pm until 8pm"*.

Health and seeing health specialists

- Staff support residents to have regular preventative dental and other health treatments, *"Yes we go out with them and they have a right to refuse. We respect their wishes"*.

Religion and culture

- Staff mentioned that they were aware of which residents had cultural or religious needs, *"[---] is Muslim and we buy Halal. I wash my hands after I've touched non-halal foods. His family put the Koran on tape for him, they are very happy with this."*

Residents care

- Staff mentioned that they were provided with information about residents through their biography and that they learn about a resident's personality and other needs over time, *"I get to know the past history myself, it's more of a natural process. We get one to one time."*
- Staff said that if a resident's needs or tastes changed this was updated in their care plan and that senior staff would also inform care staff of this.
- Staff felt that they had enough time to care for residents and that they do full 12-hour shifts.



The Home and environment

- Staff said that residents and their family can have a say in the home through forms, speaking to a member of staff or having a meeting with the manager, *"I fill out forms and questionnaires with them, asking whether they are happy or not."*
- Staff gave an example of when a new person arrives they do new activities based on that person's interests.
- Staff felt that they had a say in the home and that they could have their say through staff meetings.
- Staff expressed that they get satisfaction from their job and that they enjoy learning new skills, *"how to talk to clients, how to be calm."*

Management

- Staff said that they receive support from the managers and that they are flexible with time off, when needed. Supervisions are held every three months, *"it is easy to talk to the manager."*
- Staff were encouraged to take training and continue to develop their skills and examples were given, such as team leading, NVQ 2, First Aid.

Management

Management

- The Deputy Manager had been with the home for many years and enjoyed the varied role and new challenges, *"I enjoy working with people. I want them to have the feeling of homeliness,"* and that they took great pride in meeting residents and families expectations.

Residents Care

- Some residents came with lots of information and a good handover but sometimes this didn't happen. If too little information was provided managers would involve social workers, district nurses and other professionals, to build an understanding of the resident.
- If care needs or tastes change staff have to be able to manage the person, as they don't have any nursing staff.

Activities

- Activities were flexible, and residents could do their own thing, *"It depends on the abilities of the individual. We are opening a sensory room soon. Residents can go to the Day Centre."*
- Residents were encouraged and assisted to take part, but the Deputy Manager said that group activities could be difficult.

Food and mealtimes

- Managers try to be flexible and mindful of different needs, *"You need to get to know the person."*
- On first assessment residents are observed and then their tastes and preferences are put into a care plan, with residents also being weighed once a month.
- Management try to make mealtimes sociable, *"They can sit together but there is flexibility. Sometimes the residents are taken out [for food/meals]."*

Health and seeing health specialists

- Managers try to monitor dental needs and appointments, with residents being registered with a dentist when they first arrive. Other appointments are by referral or because of a client's need.

Resident religious and cultural needs



Enter and View report for: The Hamlet Care Home

- Managers learn of these needs from the first assessment, which involves the family, *“the assessment looks at faith and food preferences. Having a mixed staff team does mean that we are more aware of these things.”*

Staff support

- The home provides in-house mandatory training for staff to develop their skills and staff are asked at supervision about any training needs or preferences.
- Through team meetings and supervision staff are able to have a say, *“always available to listen to suggestions”*.

Resident and family feedback

- Managers are available for family or residents to speak to them and questionnaires were sent out for feedback.
- Managers handle feedback and complaints and try to accommodate needs.

Environment/observations

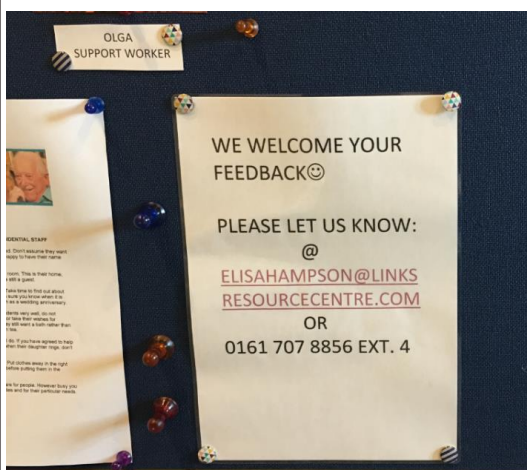
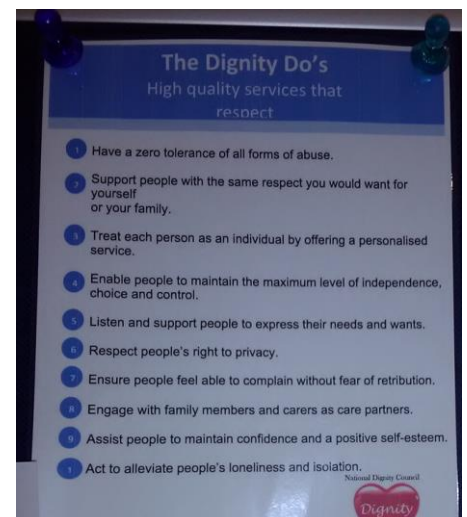
The home shared the building with a day care centre, café and permanent supported residential accommodation on the first floor. The home itself was on the ground floor and comprised of a large communal dining and lounge area, kitchen, 9 private rooms, 3 bathrooms and 1 separate toilet. An outdoor tarmacked area for communal use was available outside, where the accessible entrance was at the back of the building.

There were few wall decorations or ornaments, notice boards and large pictures were used and the communal lounge had what looked like new furniture and cushions. The home appeared clean and tidy, with private rooms decorated and furnished to the taste of residents.

From our observations staff had a good rapport with residents and knew them well. This would be expected as it is a very small residential care home. All residents were addressed by name and there was good knowledge demonstrated of what different communication modes meant for specific residents. Signs for thirst and wanting to go out were readily recognised and acted upon promptly. Staff showed patience, enthusiasm and care and residents were clearly comfortable and autonomous. The feeling of the environment was very upbeat which is helped by being co-located with the Day Centre. There was a lot of comings and goings of staff and residents which contributed to a very upbeat environment.

The place was very clean, lively whilst at the same time being homely.

Autonomy was demonstrated by staff in also leaving residents alone who didn't want to engage and also respectfully knocking on doors. It was lovely that it was a former resident with a learning disability who showed us round and made refreshments.





Additional Notes

Key points raised from communicating through Talking Mats with one of the residents:

- The resident enjoyed cooking, chatting, watching TV and listening to music at home
- They didn't play games at the home, but this was ok. They didn't want to play games
- There was a radio on sometimes, but this didn't bother them
- They didn't like arts and crafts and didn't join in
- There wasn't a computer for them to use at the home
- They felt cared for at the home
- They enjoyed the food
- They liked sleeping in their room and enjoyed talking one-to-one with staff and other residents
- Their teeth were not in a very good condition. They were waiting to go to the dentist to get this treated





6. Recommendations

Level of activity and social interaction for individual residents

1. The residents are weighed monthly. In addition to this it is recommended that the Home provides more support to residents who require more prompting to be active and maintain a healthy weight. There are many benefits to remaining active, as appropriate for each individual resident, and going outside regularly, which can lead to improvements in both physical and mental health.

- 1.1 Support for activities can be accessed through existing initiatives through places like Salford Leisure or Salford CVS. The CVS works with care homes to provide volunteers to work with staff to provide support for activities or social conversation.
- 1.2 Work with other charities for disabled people in the Salford area to encourage residents to participate in appropriate community-based activities and exercise.

This is also relevant because the residents communicated with seemed to enjoy and mentioned one-to-one interactions as preferred, so accessing existing initiatives can support more one-to-one activities and provide more opportunities for meaningful social interaction and activity.

Use of visual aids and accessible information

2. Limited use was made of photos and images within the home and other accessible methods such as printing on pastel coloured paper. It is recommended that more photos and images be used, both for the purposes of accessible information and to support greater autonomy for residents.
 - 2.1 Provide a photo board of all staff, including their names, showing clearly who the managers are. Display this somewhere accessible to both visitors and residents.



7. Service Provider Response

The residents are weighed every month and written records as evidence were available to Healthwatch Salford representatives on the day of the visit but were not requested. There is sufficient support provided to residents who wish to be active and maintain a healthy weight. The residents access local swimming pool, gym, gardening centre and Wheels for All sessions. The resident interviewed by Healthwatch Salford who stated that he would like to be more active has been consistently encouraged by his support staff to become more active but has continually refused to do so in the last 12 months.

All staff photos are displayed on the board. The residents often take the staff photos off the board and they need to be replaced each week. Images and pictures are used to communicate with clients when needed and appropriate following a Speech and Language Therapy assessment. Staff members receive Total Communication training from Salford Learning Disability Team.



Appendices

Easy Read Resident Survey

Questions for people who live in the Hamlet



healthwatch
Salford




We are from a group called Healthwatch Salford.






We are here to talk to you about what goes on here at the Hamlet

Do you want to talk to us about The Hamlet, this home?






ACTIVITIES	 <p>What things do you do in the home? Do you do things like:</p> <ul style="list-style-type: none"> • Making things? • Digging in the garden? • Cooking? • Dancing? • Playing games • Using a computer?
	 <p>What things do you like doing? Do you get to do these things? How easy is it for you to join in?</p> 
<small>Do you get a chance to do any of the things you used to enjoy before you came here?</small>	






	 <p>Do you go on trips outside the home? Where do you go?</p>
MEALTIMES	 <p>What do you think of the food? Do you like the food? What kind of things do you eat? What do you like best?</p>
	 <p>Is there choice of what you eat? Can you choose to eat that when you want to?</p>



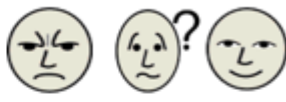









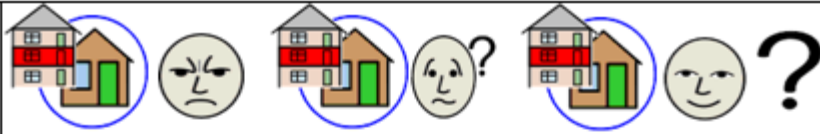
	 <p>Do you enjoy mealtimes? Do you like sitting down with everyone to eat together? Do you do any fun things at meal times?</p>
HEALTH	 <ul style="list-style-type: none">• Do you like going to the dentist?• Have you been? Can you remember when?• Did the people who work here take you?• Have you had an eye test?• When was that? Who took you?• Have you seen a doctor? When was that?
RELIGION/CULTURE	 <p>Do you go to church? Or do you go to something else like a</p> <ul style="list-style-type: none">• A synagogue• A mosque• A Gurdwara



STAFF AND MANAGEMENT	 <p>Do you know the manager of the home? Who runs the house? Do you like them? Are they nice to you?</p>
	 <p>Who works and cares for you in the home? Do you like the staff? Are they nice to you?</p>
	 <p>Do staff have time to stop and chat with you?</p>



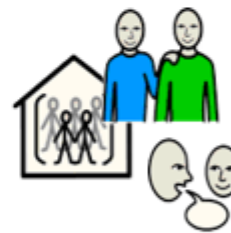
	  <p>Do you know the staff here? Do the staff know what you need and what you like and don't like?</p> 
THE HOME	       <p>What would you do if you wanted to make a complaint about the home? Were upset about what someone had said or done?</p>



Would you like to change anything about the home?

**What do you want to do more or have more of in the home?
What do you want to do less if or have less of in the home?**

Have you told the staff or someone?





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