



Evaluating Care Homes

Enter and View REPORT

The Broughtons Care Home

Care Home Contact Details:

The Broughtons Care Home
2 Moss Street
Lower Broughton
Salford
M7 1NF

Date of Visit:

15th February 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 The Broughtons 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 Fountains Care Centre

2.1 Visit Details

Service Provider:	The Broughtons Care Home
Service Address:	2 Moss Street, Lower Broughton, Salford M7 1NF
Visit Date and Time:	15 th February 2018 1.00pm – 3.30pm
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: Wellbeing Residential Ltd

Person in charge: Amanda Collins (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 • Mental Health Condition • Old Age • Physical Disability

Specialist Care Categories: Alzheimer's

Admission Information: Ages 55+.

Single Rooms: 39

Shared Rooms: 0

Rooms with ensuite WC: 32

Weekly Charges Guide: Personal Care Single £432 – £600, Personal Care Shared (per person) £432 – £600 (These prices are only a guideline, please contact The Broughtons Care Home to find out the exact price for your requirements.)

Facilities & Services: Palliative Care • Day Care • Respite Care • Convalescent Care • Independent Living Training • 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 • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Latest Care Quality Commission* Report on The Broughtons Care Home:

<http://www.cqc.org.uk/location/1-114173730>

* 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 2 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 3 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. The manager unfortunately was not able to be present due to sickness but did complete the manager's survey by email following the visit.

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

Feedback from residents and staff was overall quite positive about life in The Broughtons. Part of our visit was observational, and we were able to pick out areas for improvement regarding dignity, respect and the environment including the conservatory. It was also felt that details of the senior management team needed to be more visible.

5. Results of visit



Resident Feedback

Activities

- Residents said that they could watch TV, go for walks around the gardens, knit and natter, play cards, bingo and read books. They were also able to do some gardening and enjoyed a singer who came into the home. They do a weekly tap-dance and can go on coach trips outside of the home. They also go on regular trips outside like to the local radio station or to Oldham.
- All residents we spoke to said it was easy to join in with activities
- Residents felt that they were able to still take part in activities that they used to enjoy before they moved to the home.

Food and drink

- Residents we spoke to thought that the food was good. One resident said, “we have normal dinners, tea, cake and biscuits - we had ice cream today”.
- Another resident mentioned that the food was a bit cold sometimes.
- Residents felt that there was enough choice to eat with a choice of 2 meals each day. They also said that you can find something to eat outside of mealtimes.
- All residents we spoke to said that they enjoyed the mealtimes.

Religion and Culture

- A couple of the residents we spoke to mentioned that whilst they do not practice a faith, a local priest does come in to the home.
- Another resident said that they go to church each week when a family member takes them.

External medical needs

- Residents have seen an optician, podiatrist and a GP at the home. Staff take residents out to the dentist when required.

Having a say

- One resident wasn't sure what to do if they wanted to make a complaint about the home. Other residents said that they would tell staff and that the staff would listen.
- When asked if they would like to change anything about the home, one resident suggested residents meetings but didn't elaborate further. The other residents commented that they wouldn't change anything as they were happy though one did say “I don't think I am empowered enough to change anything”.

Staff and Management

- Only one of the residents knew who the manager was.
- The resident that knew who the manager is said “she's smashing and very fair. If you tell her anything, she gets on with it”.
- Generally, the residents we spoke to thought that the staff were “good” and were “nice” though one resident did say that some staff were good, and some were not.
- It was felt that staff could sometimes stop and chat with residents but often they were busy.
- 2 residents felt that staff knew them well and what they liked and disliked whereas the other resident did not feel staff knew them so well.



Visiting Relatives Feedback

Activities

- 2 visiting relatives commented that they were unsure of what activities were on offer with one saying that 'they do have entertainment'.
- The relatives felt that the resident was supported by staff to take part in activities.

Manager feedback:

The activities are displayed on activities board, which we offer a variety of meaningful activities

Food and drink

- One of the relatives commented that they were not happy with the food but did say that their relative was supported to eat, and drink as much as needed.
- The home has made special occasions like birthdays sociable with making the resident a cake with candles, dimming down the lights and everybody singing.

Manager feedback:

Some residents have special dietary requirements, this includes food and drink textures, however some foods must be avoided so cannot be offered due to them being unsafe for the individual and by recommendation of the assessing Dieticians and Speech and Language team – however where safety possible every resident is given the same choice in meals.

Having a say

- One relative was not aware of residents and relatives' meetings but the other relative felt that they were a welcome participant in the life of the home.
- Relatives would speak to the manager if they wanted to make a complaint.
- One relative mentioned that they knew the procedure for making a complaint but remarked "some staff are competent, some are [not]".

Staff and Management

- One relative didn't seem sure who the manager was and the other relative thought the manager seemed positive enough.
- Relatives weren't sure if the staff had time and skills to care for the residents, but one said, "they do personal care when asked". Another comment that came out was that some staff can be quite strict.
- Relatives felt that the home did respond well when their relatives' needs changed.

Manager feedback:

There is always sufficient staffing levels to meet the needs of the individuals this is also reflected in our latest CQC report, we are committed to training. We have a training provider who deliver training in care certificate and NVQ's to level 3, we are also provided training by NHS bowel & Bladder Infection control, Diabetes, Oral Care, Palliative care team, falls team, Social Services including DoLs & Safeguarding team - all staff are encouraged to attend these training sessions.



Staff Feedback

Caring for the Resident

- Social care and family members will give information about a resident's history when they first come to the home, staff will also talk to the residents and get to know them.
- There is a communications book which staff must read each day at handover detailing any changes to a resident's routine etc.
- Staff feel that they do have enough time to care for the residents.

Activities

- There is a notice board in the reception area advertising what activities are on through the week.
- Residents can play prize bingo, darts, have a film day, they get their nails done and there is a sweet trolley that comes around. External entertainment and singers also come in. There are also armchair exercise sessions, a visiting barber/hairdresser and residents can have their nails done.
- Scheduled group games and quizzes (play your cards right, name that tune etc) are also organised.
- External trips outside of the home included attending a ball, visiting Blackpool, going on boat trips etc.
- Staff try to encourage residents to take part by prompting them. They will also take magazines and books to their rooms for those that don't want to leave their bedrooms.

Food and drink

- All food is freshly cooked, and residents have a choice of 2 meals from the menu each day. Staff did say that they will guess if residents don't like the main choices based on what they think the resident would prefer as an alternative.
- There is a tea trolley that does the rounds with snacks, so they can eat and drink whenever they want.
- They put music on in the dining room and try to make it a sociable atmosphere.

Manager feedback:

This knowledge is gained from knowing the resident's preferences from relatives or the resident previously – some resident's needs, and preferences have to be anticipate by staff due to loss of communication skills.

Religion and Culture

- A priest comes in every Sunday

External medical needs

- A GP visits the home every week, there is also a podiatrist, dentist, district nurse, memory team and SALT team that also visit.



Enter and View report for: The Fountains Care Centre

Having a say

- There is a resident and family meeting every Monday which all residents attend but not so many family members.
- Change to menu options is a good example of how residents can influence how the home is run e.g. the home used to offer a full cooked English breakfast but none of the residents wanted it, so it was changed back to cereals.
- Staff feel that they can have a say in how the home is run by attending monthly staff meetings.

Manager feedback:

We did used to have a cooked breakfast, but residents preferred cereal and toast – so now this is an individual choice there are residents that do have a cooked breakfast daily.

Management and Training

- Staff get full support from their manager who they said was very easy to talk to when they want to ask a question or raise an issue.
- Staff said that they are encouraged to go on training courses.
- When asked what staff enjoyed about their job they said, “caring for the residents, I enjoy all of it”.

Manager Interview

The manager was not able to be present during the Enter and View visit and subsequently answered our questions via email and phone call.

Caring for the Resident

- There is a booklet called ‘This is my Life’ which details the resident’s history, family, school, work, likes and dislikes etc. This is completed with a potential resident at pre-assessment and as an ongoing process. The resident’s family and friends are also asked to have an input to this information.
- Any changes to a resident (medically or food) are updated in care plan and the kitchen informed verbally and in writing.

Activities

- The home offers a varied activities program so the residents like to look forward to things and are usually quick to ‘get a good seat for the activities’.
- The Notice board in reception has posters of the week’s forthcoming activities.
- One of the residents gets involved by changing the posters and reminding the other residents about what’s on offer.
- The Activities Coordinator has regular discussions with residents about acts they have booked, if they enjoyed the acts and if to rebook them etc. They discuss new acts and forthcoming activities.
- The home also holds regular residents meeting which after these meeting have finished they have an informal discussion regarding the activities.



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- The Activities Coordinator has known most of the residents for over 4 years, so knows who likes to dance, sing duets, hand movements etc in their seats, or just hold hands and smile.

Food and drink

- The home has set mealtimes of 12.00 lunch and 16.00 tea time, however if a resident requests or prefers to have their meal at any other times is an option open to each resident.
- If a resident chooses to have their meals served in their room this is also an option.
- Tea, coffee milkshakes etc are available throughout the day and night.
- Staff try their uppermost to make mealtimes a sociable event.
- Meal times and menus are a regular agenda item on residents' meetings.
- Residents are encouraged to sit where they choose to sit and with whom they choose.
- Staff also encourage and welcome families if they would like to stay for a meal with their relative e.g. at Christmas time we provide a room for families to book that they can have Christmas lunch with their relative throughout December.

Religion and Culture

- Religious and cultural information is gathered from medical records, from the individual, family and friends and social services.
- A priest comes in every Sunday and Wednesday evening.

External medical needs

- All residents are registered with the local dentist and opticians unless they choose otherwise.
- All residents are supported by the home with any hospital eye appointments and dentist appointments if family are unable to attend.

Having a say

- Monthly staff meetings are held with staff undergoing regular supervisions. There is also a suggestion box which is used by staff, residents and families to suggest improvements in the running of the home. The manager also has an open-door policy.
- All residents and families are invited to regular meetings with the home, where suggestions etc are discussed.
- The home embraces feedback and complaints and are open and transparent with their findings with residents, families as a duty of candour.

Management and Training

- All staff are encouraged to develop their skills. Training and development is an agenda item on regular supervisions.

Environment

Upon arrival we could not get the attention of staff inside the premises to open the main door so had to ask staff who were seemingly leaving from their shift to go in through the side entrance and open the door for us.



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Due to unforeseen circumstances the staff team were unaware of our visit or who we were and as such there were no Enter and View posters displayed to let the residents and their relatives know that we would be coming.

We were given a short tour to the home and brief details were provided about facilities, routines and residents.

Off the main lounge there was a conservatory that appeared to be underutilised and used as a storage facility for wheelchairs and walkers.

To the outside there was an enclosed garden with raised plant borders which are accessible for the residents to enjoy gardening in the nicer weather. On the day of the Enter and View visit a number of staff members were clustered around an open door to the garden smoking.

The dining room was laid out with café style tables to create a social atmosphere.

The bathrooms were accessible and assisted bathing with a powered bath lift was evident.

There was an unpleasant odour on one of the main corridors near to the family room, but this could have come from a nearby bathroom.

Dignity and care – During our time at the home we saw a staff member push to open a bathroom door without knocking first. A resident at the time was just getting up from the toilet and whilst the staff member apologised and reclosed the door we feel this showed a lack of respect for the resident's privacy.

The home is currently undergoing a period of redecoration to which the manager told us:

“The Broughtons Care home has maintained a schedule of redecoration and refurbishment; however, the home has recently benefited from a cash injection from the group to support the Broughtons care home in a complete refurbishment of a number of residents' rooms, medication storage facilities, double glazing, and redesign of the main entrance and finally the main forefront of the grounds and car parks being re-landscaped to provide a pleasant approach to the home. The business has invested up to £100k in this phase. We hope to move on to the second phase later this year and improve on the communal areas if we are supported with fair funding from the local authority who currently fund 100% of the residents within the home, without any private subsidies.”



6. Recommendations & Service Provider Response

Recommendation	Service Provider Response
Staff training – staff to be reminded/undergo dignity and care training to ensure that all residents are treated with respect and staff knock before entering bedrooms and bathrooms.	<i>This is to be addressed at Staff meeting, supervision and training</i>
Hygiene – update the hygiene procedures to ensure that the home looks and smells neutral at all times where possible.	<i>The home has implemented replacing “yellow bags” more frequently throughout the day & night</i>
Conservatory – the home to bring this space back into use and reduce the amount of equipment that is currently stored in there which could prevent its full use and enjoyment by the residents.	<i>New area for residents to place their wheelchairs if choosing to sit in an alternative chair has been arranged</i>
Promote residents’ and relatives’ meetings widely to ensure all residents and their relatives can have a say in how the home is run.	<i>Each residents room has our complaints procedure which is attached to the back of each bedroom door – this will now be included as a regular agenda on the residents’ meetings</i> <i>Residents & family meetings are held monthly</i>
Staff details (including pictures) of who’s who in the home displayed in prominent positions so that all residents and visitors are able to identify who the staff team including the manager are.	<i>The home will be providing a notice board for staff photos and position. The manager completes all pre-assessments and greets the resident on moving into the home, also attends the residents meetings – All residents know who to report to if needed, but may not address as “manager”</i>
Provide a properly identified smoking area well away from any entrances, for staff and residents who wish to smoke.	<i>The home has a designated smoking area/ shelter for residents, and also a designated smoking area for staff when on their breaks, this has been dealt with on an individual basis</i>



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