



Details of visit

Service address:

127 Wakefield Road, Lightcliffe, Halifax HX3 8TH

Service Provider:

Manor House Residential Home

Date and Time:

28th August 2015, 11am – 2.45pm

Authorised

Representatives:

Alan Walsh, Joy Mills and Charles Gate

Contact details:

Healthwatch Calderdale

Acknowledgements

Healthwatch would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

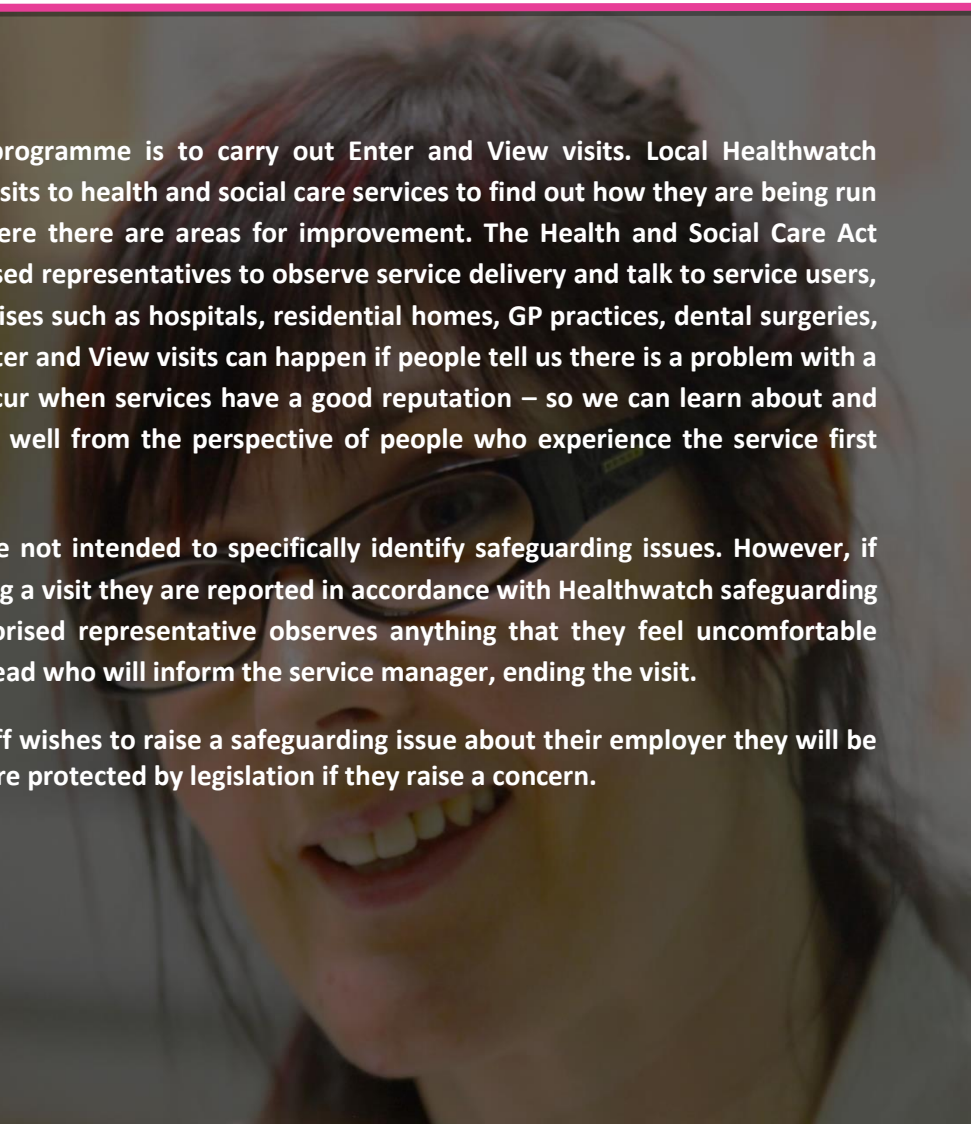
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.





Purpose of the visit

- The Care Quality Commission Inspection (CQC) Report from 15.07.15 stated that ‘...this service was not well led...’ and was inadequate in this aspect of its delivery. In the CQC Inspection Report it was acknowledged that people praised the management of the home, but the CQC’s finding was that people were not protected because ‘the provider did not have effective systems in place to be able to monitor and assess the quality of the services provided.’ This factor initiated Healthwatch Calderdale’s decision to Enter & View the service.
- To engage with service users of the care home and understand how dignity is being respected in a care home setting
- Identify examples of good working practice
- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of the residents and relatives and any ideas they may have for change.

Strategic drivers

- CQC dignity and wellbeing strategy
- Care homes as a Calderdale Healthwatch priority

Methodology

This was a semi announced Enter and View visit. The provider was given a time and a period of 30 days in which the visit may occur.

On arrival, in the entrance hall of the building, the Healthwatch Calderdale notification letter was displayed on the desk. We spoke to the Registered Managers of the service who advised us as to the layout of the service and gave permission to approach residents and staff.

During the visit the authorised representatives spoke to five residents, two relatives, three managers, two junior members of staff and two visiting professionals. Most interviews took place in the lounges or corridors. Healthwatch Calderdale had access to interview any residents we chose but many were not able to understand and answer questions when approached. A manager said that only 3 or 4 could hold a lengthy conversation and we requested longer interviews with some of these. We sat in the office to speak separately with a manager and an administrative worker. With the consent of a manager and two residents, we were invited into two rooms with the resident and a staff member present.

Part of the visit was observational. We were able to access all the communal areas, including entrance, main resident reception rooms, office and some staff service areas. A manager guided us to walk into some unoccupied bedrooms and peer through the doorway into some empty rooms in current use.

Summary of findings:

- The residents and their environment looked clean, tidy and pleasant. Most residents had various degrees of dementia, but were mobile, with the help of zimmer frames, walking sticks and wheelchairs, supported by staff.
- We saw evidence of good interaction between staff and residents and all were complimentary about the service and service-providers.
- We saw evidence of a variety of social activities, such as hairdressing, handicrafts, group singing and clinical chiropody service. Catering and group activities are mainly structured but there is also evidence of individual personalised care.



Results of Visit:

Environment

The home is well decorated and clean throughout, free of obstructions and with no unpleasant smells. The Residential home is joined to a separate Nursing home under the same owners. It was designed as a home, not purpose built as an institution, and has been altered, including addition of a wing said to have been built in the 1980s. The Residential Home has an entrance reception, with office. The office door is open and this area has an organ, bird cage and dog bed for the managers' labrador. It leads to the main communal areas on two floors: ground floor dining area, two lounges and bedrooms. There are varied pictures on walls throughout and most areas are carpeted. The dining room is a large area next to the kitchen with a serving hatch. A large working lift in the centre connects the two floors. Each floor has a medium size lounge with large windows and arm chairs around the walls. We were also shown staff service areas, through a door at the far end. These include stairs, clinic rooms off a small lobby, and a laundry area with 2 washers and 2 dryers that are situated away from the residents' areas - there is also a separate staff toilet.

Promotion of Privacy, Dignity and Respect

Residents have their own bedrooms that are well decorated and personalised with some of their own furniture and effects. Each room door is labelled with a large room number and most doors were open on both floors. Many bedrooms have en suite toilets and there is an ongoing programme to increase en suite facilities. A number of bathrooms and toilets are available to residents along the corridors, close to their bedrooms. We were shown an empty bedroom with a bariatric bed. All rooms are now single.

A manager told us that: 'Whatever they had at home we provide here if we can; for example they can continue to have their own regular hairdresser visit. A vicar and priest have continued to visit certain residents. This is their home. We keep open visiting hours but ask people to avoid mealtimes which take place at 12pm and 4pm. On occasions, their family may be invited to a meal.' One lady has a sister who travelled to visit her and they wanted to eat together here. One resident told us that: 'All our families are made very welcome.'

Instead of traditional handbags, the ladies have personalised bags made by one of the staff, attached by velcro to the zimmer frames. The frames are beside them whilst in the lounges but not during meals.

Promotion of independence

The residents have health conditions limiting their independence - physical mobility, understanding or both. Most use standard zimmer frames with legs, some have sticks or wheelchairs, all of which are name-labelled. People move with the support and supervision of staff. At lunch time we watched staff escort all residents into the dining area and seat them. Staff then removed their walking aides out of the way of catering staff, leaving dining room aisles clear so that the residents could be evacuated if need arose.

The residents, we were told, didn't go out in groups but were treated as individuals with their own interests and needs served. A manager said: 'We used to do organised trips in the 1990s' and explained that the current residents have higher care needs and risks. One resident told us she would be going out with her family, using a wheelchair borrowed from Manor House. Another said they had been taken for walks around the gardens before the current building works around the perimeter.

Interaction between Residents and Staff

We saw residents interacting with staff in a friendly way. We saw Staff respond promptly to residents asking for assistance, such as taking them to the toilet or fetching extra chairs for visitors. Staff were moving around the communal areas, helping things run smoothly and checking on residents or responding to buzzing pagers.

The residents we spoke with praised the staff. Comments included: 'This lady helps me with my crosswords and brings me books to read. She knows which type I like' (name of a manager) is lovely!' 'This lady taught me to knit again'. 'It is good, really good here.' The residents appreciate support with individual personalised hobbies, like embroidery as well as group activities such as bingo and singing.

Residents

There are around 20 residents at the home, some of whom have been there for a long time, including one person who has resided there for 11 years. It is also used as respite care, with somebody booked to arrive that night for 2 nights. Some respite residents stay for a couple of weeks, others 2 nights on a regular basis. One resident told us that she used to visit before she moved in here. All residents are single people - this currently includes only two men.

The residents all have health needs, including mobility limitations and dementias. People who may be prone to 'wandering' have been allocated rooms upstairs rather than close to the entrance. In 24 years, we were told, only 2 or 3 people have shown challenging behaviour and were moved on. The care of residents is reassessed for changing needs. If they require nursing care they may choose to apply for Manor House Nursing home or go elsewhere.

We spoke to 2 residents in their bedrooms, with a member of staff present. One said: 'I came here because I was going through a bad time and needed care. Luckily I picked the right home to come to. I was left a widow in my 50s and was alone. I am glad to have people around me. If I left I would miss my friends; we have jolly good fun with each other and the ladies.'

We saw residents socialising with and supporting each other. One waved at the resident sitting against the opposite wall and she waved back. She said: 'She is my favourite.'

Food

We were given typed lunch time and tea time menus that showed a choice of meals for residents on a four week rota, that they would choose from the day before. We were told that: 'We cater for dietary needs, such as some people having steamed fish rather than fish and chips.' Residents we spoke with were complimentary about the food: 'We had a fish and chip lunch and it is curry for tea today. It is so good that I put on a stone since I arrived. We don't get overweight though - we get weighed every month.'

Main meals are served at noon and 4pm, with Supper at 7pm and breakfast when the residents get up. On the day of the Visit, we were told that two residents were eating in their rooms, one with difficulty moving and the other who 'wouldn't go to the dining room'. We saw four people given food at around 1.30pm, because they had their hair done during the main lunch sitting. During lunch, staff brought out food through a connecting door between kitchen and dining room. There are a number of tables in the dining area where residents could eat in small groups. We were asked not to interrupt the residents at their main lunch period, so we watched from outside the room, but then sat in the dining room afterwards and saw the late diners being served hot, freshly cooked food. Tea and biscuits are supplied from a trolley between meals about 11am, 3pm and 9pm.

Recreational Activities/Social inclusion/Pastoral needs

During our visit we witnessed activities with a hairdresser, chiropodist and handicraft person. The chiropody took place in a private treatment room, the hairdressing was in the upper lounge and the handicraft group session was in the lower lounge. We understood that hobbies and handicraft groups run on a varied fortnightly programme, including skittles, large board games, sing-alongs, manicures, physiotherapy to music, bingo and quizzes. The handicraft session was in the lower lounge and many of the residents were present along with some visiting relatives. We watched as residents were being assisted when gluing paper flowers onto prepared greetings cards.

As well as the organised activity, one resident started leading two others in an impromptu sing-along and the crafts organiser joined in.

We were told that when it is someone's birthday a birthday cake is made for them. One lady had her 100th birthday and the manager asked her if she wanted a card from the Queen, which they organised and she was so touched when it arrived that she cried. A resident told us: 'There is always something happening here.' One resident told us she is taken to the nearby church on Sundays. Other residents told us they had days out, or a weekend away with relatives and friends. Some stay in touch with family and friends by mobile phone.

We spoke with the hairdresser, chiropodist and handicraft person, all of whom said they enjoyed coming to the home. The chiropodist said that Manor House is now the only residential home that they visit regularly. He and a colleague see residents of Manor House Residential and Nursing Home one by one for 30-40 minute appointments over 3 days each 6 weeks and liaise with the podiatrist. He compared it favourably with other institutions. 'We have been coming for years and have got to know some staff and residents, so we stay for socials sometimes. I recommend it to friends to move in. I would like to be here if I needed it.'

Involvement in key decisions

Residents are involved in choosing their own room and can request relocation. One told us she had moved from a bungalow so chose a ground floor room. One resident told us she had relocated into a bedroom with en suite facilities. One told us she had been offered to move because of disruption due to building work outside, but said she preferred to stay.

Residents can choose whether to join activities (like crafts) or services (like hairdressing or chiropody). One resident told us her daughter cuts her hair and another said she puts rollers in herself, rather than use the hairdresser. One woman said of the activities 'I'm not bothered to join in. I like to read and also do crosswords.' Staff are available to support a resident with their personal hobbies on a one to one basis if needs be.

Residents and their families are involved in care reassessment discussions if their needs change and are offered different options to consider, sometimes including applying to move between the two units or external institutions. A manager said that they have good relations with local GPs. Some funding is available towards nursing places. She said that social care has changed a lot. 'The type of people who were here in the 90's are now living at home. They are not putting people into social care anymore.'

There is a management team of three family members who own the two Manor House homes and make the major planning and organisational decisions between them. They were present and were all personally answering the door and in discussion with visiting professionals. The main manager presently registered as being in charge is the son of the founders.

Concerns/complaints procedure

Notices regarding complaints and other procedures were pinned to the notice board in the entrance hall and also on the desk. There was a red book outside the manager's office, clearly labelled, to record any verbal complaints. Nobody we spoke with told us that they had made or wanted to make any complaints.

Staff

On the day of the Visit, there were three managers, two cooks, three care staff, and a domestic worker on duty, plus the visiting professionals conducting activities. The junior staff wear uniforms, and the managers were smartly dressed. Staff were courteous to us and to residents. They interacted with residents and visitors alike. We saw some staff smoking outside of the building well away from the resident areas. The staff we spoke with only had positive things to say about the home.

The Healthwatch Calderdale team made efforts to observe and not to interfere with the homes daily routine. However, staff time given to interviews and accompanying us may have had some impact on time the available to do their work. Managers had concerns that external requirements and monitoring puts too much emphasis on administrative duties rather than on personal social/health care. Meeting changing requirements and recommendations is more onerous than it once was. We were told about their training programme, including informal verbal inductions, use of DVDs, attendance at external training and an internal moving and handling assessor. 'Some very good staff are not academic.'

There is good continuity of staffing and long-standing staff know some residents very well from year's back, which has assisted communication. As well as the managers, three of the Senior long term staff have also been employed at Manor House for over 20 years and are valued by management and very well liked by residents.

Visitors and relatives

A number of relatives were visiting whilst we were present and all had good words to say about the home. One relative said 'My mum loves it here'. Another said:

'We looked around several homes before we decided on this. Others were too big. This is a nice size - more personal. She has been here for three years. She first came here for respite when we were away on holiday. When we got back and she went home, despite having carers, she said she couldn't manage and asked to move in (to Manor House). She joins in bingo and skittles and loves the organ music. If she doesn't want to join in something she just closes her eyes. She is allowed out but doesn't want to go. We took her home on her first Christmas but she got distressed; she thought we were trying to move her. The caring staff are really good with residents - they really do care and they have a bit of fun with them too. She is very happy.'

Conclusion

Whilst undertaking this Enter & View Healthwatch Calderdale found nothing to substantiate the CQC's Leadership concerns.

Recommendations

During this Enter & View visit, through our observations, Healthwatch Calderdale identified no major problems with Manor House Residential Home, with either the premises or procedures. As no interviewees suggested any changes, Healthwatch Calderdale has no further recommendations make in relation to this service.