



Eagle Care Homes Ltd

Highfield Manor Elderly Care Home

Registered with the Care Quality Commission

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Highfield Manor Enter and View Report

November 2018

healthwatch
Rochdale

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Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at www.healthwatchrochdale.org.uk

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Highfield Manor Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care. At the time of the Enter and View visit, Highfield Manor Care Home was rated as good by the CQC. To read the latest inspection report from the CQC please visit <https://www.cqc.org.uk/location/1-118382867>

Visit Background & Purpose

Background

Healthwatch Rochdale visited Highfield Manor Care Home on Thursday 16th November 2018 at 2.00pm - 4.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The visit was based on eight care quality indicators developed by Independent Age. According to the indicators a good care home should:

- Have strong, visible management
- Have staff with the time and skills to do their job
- Have good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
- Accommodate residents personal, cultural and lifestyle needs
- Be an open environment where feedback is actively sought and used

Methodology

This was an announced visit and was a second attempt to Enter and View Highfield Manor after a previous visit had to be suspended on arrival due to the manager calling an emergency staff meeting.

- Alex Leach
- Claire Birch
- Jane Jackson
- Monica Oliver

We were greeted on arrival by the manager and given a tour of the home. Questionnaires and observations were conducted based on the eight care quality indicators. On the visit we were unable to speak to any residents due to capacity issues, but we spoke to:

- The manager
- Four staff members
- One family member

After the visit was completed, the manager was notified of any immediate concerns and informed that a report with recommendations will be written and shared with the provider. An opportunity for the provider to comment on the recommendations will be given.

Results of visit

A good care home should have

1. Strong and visible management

The manager told us she has worked in “care homes since the age of sixteen” and has “progressed from care assistant to management”. The manager told us that she enjoys her role as she is “passionate about caring for older people” and recognises the “need to make resident’s last place happy and secure”.

Staff members told us that they felt that they received support from the manager and that she “helps when she can” and has an “open door policy”.

One family member we spoke with said they knew who the manager of the home was and that she was “really nice”.

2. Have staff with time and skills to do their job

The manager told us that staff receive “mandatory training off site” and that “new starters undertake an NVQ Level 2 in Health and Social Care”. The manager also said that the home has just signed up to receive Daisy training with Rochdale Adult Care to achieve the Daisy Mark standard. The Daisy Mark standard is an accreditation that demonstrates that staff have undergone training to ensure dignity in care is at the forefront of everything that is done.

All staff members we spoke with said they felt that they had enough time to care for residents, but one staff member said, “extra time to carry out the role would be nice”. All staff members said they received training in “Level 2 Health and Social Care”, “Infection Control”, “food and hygiene”, “falls training” and “mental capacity”.

One family member we spoke with told us that they felt that the home “needs more carers so it’s not as hard for the staff. They are spread thin”.

We observed staff speaking with residents in a friendly manner and using their name in conversation. We also observed one staff member dealing with a distressed resident calmly and effectively. On our visit we saw that a downstairs bathroom was left wet after use with a wet towel left on the floor and a wet towel left in the shower chair and talcum powder left on the side. On viewing the cleaning matrix, we observed it had not been kept up to date with the document stating the bathroom was last checked on 26.02.2018.

3. Have good knowledge of each individual resident and how their needs may be changing

The manager told us that residents have a “pre-assessment at hospital or home” and a “six-week care plan” is put in place which includes “mobility, skin integrity, religious needs, end of life care” and “life history books given for family to fill in”. Care plans are updated monthly by team leaders. There are “3 handovers per day with all staff” and “any changes following visits from professionals e.g. GPs, District Nurses etc” are recorded.

Staff members told us that they get to know individual residents through “the care plan” and “talking to the family”. Information on a resident’s tastes, health and care needs are “updated in the care plan” by the “staff team leader” and “manager’s update, after assessment of the resident”.

One family member confirmed that the home notice and responds when their relative’s needs change and told us their resident was “currently only temporary but the manger has said (resident) is always welcome to stay here”.

On the visit we observed that some resident’s bedroom doors had their names on, but others did not. We did not observe any pictures or resident information on bedroom doors.

4. Offer a varied programme of activities

The manager told us that they have now “employed a new activities co-ordinator” but it is “difficult to take residents out because of their needs” but some residents are “taken out for coffee”. The manager told us that “choirs come in from local schools” and the “local church comes in to give communion”, “parties are held in the home” and the home is “doing an activity tomorrow for Children in Need”. The manager said that residents have a “choice but they are encouraged to get involved” however this is “difficult due to end stage dementia”.

Staff members told us that activities for the residents included “board games”, “pamper sessions”, “drawing and painting” and “past and present”. One staff member told us that the home offers a “range of activities” and has “an activities co-ordinator” but a second staff member said there was “not currently an activities co-ordinator and extra staff were needed”.

One family member we spoke with told us that there were no activities available in the home and having activities available needed to be “top priority” as residents “could do with something to do” and have “activities that stimulate the mind and stop the boredom”.

We observed a list of activities available in the care home over the week including a Children in Need Pyjama Day and church volunteers coming in the home to read from the bible. We also observed an empty activities notice board in the corridor with no pictures or information displayed.

5. Offer quality, choice and flexibility around food and mealtimes

The manager told us that residents have “2 options for main meals” and “cereal or cooked breakfast” in the morning with residents being “encouraged to make choices”. The manager said that “hot and cold drinks are available throughout the day, milky drinks at night” and “snacks available during the day”. “Residents are encouraged to sit at the table at mealtimes” but “some residents prefer to have meals in their rooms” and “can also watch TV at mealtimes” with “staff (being) available to feed if necessary”.

Staff members told us that residents have “2 options” at mealtimes and “residents are asked what they want at mealtime”. Mealtimes are made sociable by creating a “dining experience” through using a “dining table”.

One family member told us food is “good” and their resident “seems to like it so that’s all that matters” and that they are confident their relative is supported to eat and drink as much as needed.

On the visit we observed a written menu on the back wall in the dining room and tablecloths and napkins on the table. We also observed cups and jugs of juice available in the lounge and residents being offered a cup of tea.

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

The manager told us that “all staff have had Oral Care Training and three staff members are also now Oral Champions” with the home being “registered with a local dentist and some residents having their own dentist”. The manager also told us that “Vision Call are coming tomorrow” and “hearing aids are checked”.

Staff members told us that residents have access to a dentist, optician and chiropodist with eye-care being provided by “vision care” and one staff member said that they are “not too sure, only been here eight weeks”. Three staff members told us that residents have access to a hairdresser or barber “every Wednesday”.

One family member we spoke with didn’t know if their resident had regular access to an optician, dentist or GP.

On our visit we observed that residents appeared well groomed and clean with neat, combed hair.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that the “local church comes in to do communion” or “staff can take residents out” and that there “is a local, weekly bible group for readings”. The manager said that the home “could accommodate other religions, needs or faiths” if required.

Staff members told us that a “priest” comes into the home and that “Sunday church”. One staff member also informed us that there was an issue with hot running water in some of the upstairs bedrooms, with the hot water taps running cold.

One family member felt that the question of personal, cultural and lifestyle needs was not applicable to their resident.

On our visit we observed that a visit from church volunteers was listed on the activity’s noticeboard. We also observed residents sitting and chatting together and the availability of books, newspapers and CDs. Ornaments, vases of flowers, canvas pictures and wall art were observed in the home and the outdoor area contained benches and plants.

8. Be an open environment where feedback is actively sought and used

The manager informed us that residents and family members can give feedback through “residents and relatives meetings at the end of each month” a “complaints feedback form” and “suggestion box” but that they “don’t get many complaints”.

Staff members told us that residents can have a say in how the home is run through a “meeting, once a month on a Friday” and through the manager as “all residents and families are directed to the manager”. Staff members told us that they were able to influence how the home is run saying that there is a “good team here” and that staff “can share opinions”.

One family member told us that they felt like a welcome participant in the home and would “go to the manager” if they wanted to make a complaint and attend the resident’s and family members meeting.

On the visit we observed a notice explaining that a service user and family meeting is held on the last Friday of each month. We did not observe any feedback or suggestions box or any you said we did notice boards.

Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Highfield Manor Care Home meet the requirements of some of the indicators. However, the requirements of some of the indicators are not fully met and the following areas of improvement have been identified.

Therefore, considering this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced that management are aiming to improve the quality of care provided in the home. Therefore in accordance with indicator 1 ‘Have strong visible management’ we recommend:</p> <p>“To continue to attend HMR Caring Together Network to share and learn from best practice with other care home managers”</p>
2	<p>Our findings evidenced issues of some bedroom doors missing residents names. Therefore in accordance with indicator 3 ‘Have good knowledge of each resident and how their needs may be changing’ we recommend:</p> <p>“To display the name of the occupying resident on bedroom doors to make the home more dementia friendly”</p>
4	<p>Our findings evidenced a lack of personalised information regarding residents in their room. Therefore, in accordance with indicator 3 ‘Have good knowledge of each resident and how their needs may be changing’ we recommend:</p> <p>a) “To have different coloured bedroom doors to make the home more dementia friendly”.</p>

	<p>b) Based on observations from Enter and View visits to other care homes, it may be useful to have a one-page profile on the back of resident's bedroom doors with information such as name, likes, dislikes and what is important to the resident".</p>
5	<p>Our findings evidenced that there were some activities available in the home but there was a lack of multi sensory activities for people with dementia. Therefore in accordance with indicator 4 'Offer a varied programme of activities' we recommend:</p> <p>"To provide a range of multi-sensory activities to stimulate smell, sight, vision, touch and hearing" See the Social Care Institute for Excellence for some ideas https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/activity-in-later-stages.asp</p>
6	<p>Our findings evidenced a menu on display in the dining room which might be inaccessible to people with dementia so that patients were unaware of food options. Therefore, in accordance with indicator 5 'Offer quality, choice and flexibility around mealtimes' we recommend:</p> <p>"Having an accessible picture board of food choices displayed in the dining area so that residents know what food options are available"</p>
7	<p>Our findings saw no evidence of how feedback is used to make improvements. Therefore, in accordance with indicator 8 'Be an open environment where feedback is actively sought and used' we recommend:</p> <p>"Having a 'you said we did' board for both residents and staff feedback to demonstrate how giving feedback can make a positive difference".</p>

Response from Provider

Contact us



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