



# Four Seasons Enter and View Report

## February 2019

**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](http://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](http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf)

## Acknowledgements

Healthwatch Rochdale would like to thank Half Acre House 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, Four Seasons Residential Home was rated as good by the CQC. To read this inspection report please visit <https://www.cqc.org.uk/location/1-145274778>

## Visit Background & Purpose

### Background

Healthwatch Rochdale visited Four Seasons Residential Care Home on Monday 25<sup>th</sup> February 2019 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; therefore, Half Acre House management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Jane Jackson
- Dave Logan
- 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 spoke to:

- The manager
- Three staff members
- Three residents
- Two family members

After the visit was completed the manager was 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 that she “started in a caring role and progressed” to manager and that she “loves the residents”. She also told us that she enjoys “talking to the residents and finding out what their life was like”.

All three staff members we spoke with told us that they felt supported by the manager with staff members telling us that the manager is “available anytime” and her “door is always open”.

One resident told us that they knew who the manager was and gave us her name, a second resident did not answer the question and a third told us “I know the lady who cooks in the kitchen”.

Both family members we spoke with said they knew who the manager of the home was and that she was friendly and helpful with one family member saying, “yes I know her quite well to talk to”.

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

The manager told us that staff receive “mandatory training” and have also received both “palliative and dementia training through Springhill Hospice”. The manager explained that staff have “supervision and a yearly appraisal” and that “NVQ training has just started”.

All three staff members we spoke with said they are encouraged to develop their skills and “training is always available” with one staff member saying there were “plenty of in-house training including NVQs” and there was “very regular training in all subjects needed”.

One resident we spoke with said they knew the staff in the home and that they “get along very well” but that staff had “very little” time to stop and chat but it was “quite acceptable” and a third resident did not comment on staff or management.

One family member we spoke with told us that they felt that staff have the time and skills to care for residents, saying “from what we see everything is fine” and a second family member told us “all (the) staff are brilliant” and “they love (resident) to pieces and call (resident) their dream patient”.

On our visit we observed staff chatting with residents and giving them tea/coffee/juice. The home also had a picture display of all staff members and their name in the hallway of the home.

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

The manager told us that residents have a “pre-admission assessment” and if possible, a “pre-admission visit with family” with the “family providing information”. The manager

stated that residents have a “care needs assessment” and told us that there is a “temporary care plan (in place) on admission for one week” and this is “reviewed on a monthly basis after that”. The manager said that “care plans are reviewed monthly” and that the home has a “communications diary which staff must initial daily to show they have read”. There is also “three handover meetings each day at shift changes”.

Staff members told us that they get to know individual residents through “asking the family”, “talking and listening to residents” and through a “care plan” with a “resident’s individual needs considered”. Staff members told us that information about a resident’s tastes and health and care needs are updated “on a regular basis” with the “care plan updated regularly”. All three staff members felt that they had enough time to care for residents telling us that “their care is paramount” and “most of the times yes, but of course there are up and down days”.

Both family members felt that the home noticed and responded when their relative’s needs changed with one family member saying, “in the past they contacted us when (resident) was getting sick”.

#### **4. Offer a varied programme of activities**

The manager told us that the home has activities that “celebrate major events, having a Valentine’s Tea recently”. The manager also explained that people “come in on a regular basis to hold music sessions (monthly)” and that there is a “church service each Tuesday” and “Roman Catholic Communion each Sunday”. The manager stated that there were “no outside activities” but “families can take residents out”.

Staff members told us that activities for the residents included “singing, church services and various games” with there being “quite a few indoor activities” but said that there were “not many outside due to risk” and a third staff member told us that the activities available “depend on the season” but there are “many activities available”. All three staff members said that activities are tailored to resident’s preferences “wherever possible” giving an example of knitting and all three staff members told us that residents are given “encouragement” to join in activities “if they so wish”.

Two residents told us that there was not a lot of activities for them in the home saying there are “not a lot of things to do” and “not really (any activities) people come on a Tuesday for hymn singing and families take residents out” and a third said “the church comes on Tuesday and we sign hymns”. Two residents said they don’t go on any trips outside and a third said they did “with my family”.

One family member told us that the activities in the home are “fine but (resident) doesn’t want to do them” as they are “not interested” and “don’t like joining in”. A second family member said “(resident) doesn’t get totally involved but likes cards and the singing” and that they “did pumpkins at Halloween and (resident) liked that” and that “(resident) used to like painting” before coming to live in the home.

On our visit we observed an activities board in the dining room with weekly scheduled activities including reminiscence, dominoes, quiz, bingo, coffee morning and a Sunday Service. Activities were displayed visually and there was also a 2019 schedule for Mindfulness Music.

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

The manager told us that there are “two choices for each meal and drinks available throughout the day with both juice and tea and coffee available”. The manager said that there was “Sherry and Baileys available in the evening” and “Horlicks before bedtimes” with “snacks available between meals”. The manager explained that residents are “encouraged to sit in the dining room” and it is a “homely atmosphere” with “three staff in the dining room to offer assistance” and that there are “plate guards and coloured plates for (the) visually impaired”.

Staff members told us that residents get “various choices” at mealtimes but staff know “what each resident likes and dislikes” and that meal choices are “very varied but resident’s wants and needs are taken into account” with “drinks available at any time”. All three staff members told us that residents are “encouraged to eat together” and that the “tv is turned off” and residents are “encouraged to eat and chat together”.

Residents told us that the food was “acceptable” and they “like the choice I get” with a second resident saying the food is “quite good, probably what I would eat at home” and a third said they were a “faddy eater”. Two residents said they enjoyed mealtimes with one saying they sit “four to a table and everything is very clean and we have a tablecloth”, a third resident did not answer the question.

Both family members told us their resident “enjoys the food” and “eat plenty” with one family member saying their resident “has (their) own crew that they sit with”. Both family members said they could stay at mealtimes telling us they “can come and go as you want” and “I believe you can stay but I tend to go home at mealtimes”.

On our visit we observed that there was a written menu on the notice board in the dining room and a small bowl of hard-boiled sweets was available in the dining room and hallway.

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

The manager told us that the home is part of the “oral champion scheme” and that “one resident has a private dentist who comes in” and other residents can “use the local dentist if required”. The manager also said that there is an optometrist service that comes into the home.

Staff members told us that the “dentist visits regularly” and there is an “in house eye company” with one staff member saying there is an “in house eye department that checks eyes regularly” and “dental care (is provided) when needed”. All three staff members said that residents have regular access to a hairdresser as it was “one of the staff”.

One resident we spoke with said they haven’t seen a dentist and they have “got perfect eyesight” and a second resident said “both the dentist and optician come in”.

When asked if a dentist or optometrist comes to see your relative regularly both family members replied, “optician comes in” and “optician comes in about twice a year (resident) has had a few new pairs of glasses since being in the home”. However, both family members were less sure about a dentist telling us “I’m not sure if a dentist has

been in” and “I’m not so sure about a dentist but (resident) didn’t tend to go to the dentist before they came in the home”.

On our visit we observed that residents appeared well groomed and clean with neat, combed hair. In the Four Seasons information booklet available in the hallway it states that a dentist, chiropodist and optician will all visit the home upon request.

## **7. Accommodate residents personal, cultural and lifestyle needs**

The manager told us that the “admission form includes spiritual preferences” and there is “communion on a Sunday from Roman Catholic” and that the “Vine Fellowship Church comes in every Tuesday for a service”.

One staff member told us that “various faiths are catered for on a regular basis” with a second telling us that there are “visits from various faith groups regularly” and a third saying residents have the opportunity to practice their chosen faith “on a regular basis”.

When asked if there was respect for your religion or culture in the home, residents replied, “of course”, “yes” and “no I don’t have any religion”.

Both family members felt that their resident did not have any specific lifestyle, religious or cultural needs that needed to be accommodated.

On our visit to the home we observed the lord’s prayer and a prayer of thanksgiving pinned to the activities noticeboard. The home also had a nice homely feel created by the décor, furniture and fittings with plenty of natural light. We observed ornaments placed on sideboards and pictures on the wall with a large vase of flowers in the lounge and a small vase of flowers on each dining table.

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

The manager told us that she “listens to suggestions” and gave an example of how feedback from a family member had been used to make improvements in the home saying that one “family member suggested putting pictures of staff members in the entrance and this has been implemented”.

Staff members told us that residents can have a say in how the home is run as “there is a suggestions box and staff are always available” with “any suggestions or comments always listened to and acted on” with one staff member saying they have “never known anyone to say they are unhappy”.

One resident told us that if they wanted to make a complaint, they “would just speak to the staff (because) anyone will listen” with a second resident saying they would know how to make a complaint but “don’t need to”. When asked if there was anything in the home, they would like to change residents told us “no, I’m happy with everything it is what I would expect”, that the home “couldn’t be better” and “No, I like it just the way it is. You wouldn’t get any better than this home”.

Both family members told us that they felt like a welcome participant in the home saying, “everybody is lovely, I come about two to three times a week” and if they had any issues they would “speak to the manager, she’s very approachable” and they would “just say something to whoever was working”. Both family members felt that any complaint they

made would be acted on appropriately saying, “I’m sure it would but I have not had to do that though”.

On the visit we observed a notice board including a newsletter to update residents on what is going on in the home and the latest safeguarding newsletter from Rochdale Borough Safeguarding Adults Board. We did not observe any mechanisms for leaving feedback such as a suggestions box or any evidence of how feedback is used to make improvements.

## Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Four Seasons Residential 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 a limited variety of individualised activities. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <p>“To build on the range of activities provided, making them individualised to residents, getting ideas from other care homes and the following website”</p> <p><a href="https://www.scie.org.uk/person-centred-care/arts-in-care-homes">https://www.scie.org.uk/person-centred-care/arts-in-care-homes</a></p>

## Response from Provider

The provider provided no response to the findings of this report



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