

# Little Heaton

Residential Care Home for the Elderly

Providing:

Residential Care

Residential Dementia Care

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## Little Heaton Care Home 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 Little Heaton Care Home management, staff members and residents 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 publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit, Little Heaton 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/1-116472155>

# Visit Background & Purpose

## Background

Healthwatch Rochdale visited Little Heaton Care Home on Thursday 7<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 and so the home had been notified our intention to visit by email and letter. However, on arrival the manager told us she did not receive our correspondence but was happy for us to carry out the visit. Enter and View representatives who took part in this visit were:

- Alex Leach
- Claire Birch
- Emma Radcliffe
- Irene Jackson
- Karen Kelland
- Beryl Richmond (shadowing)

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
- Five staff members
- Eight residents

After the visit was completed, the lead representative spoke with the manager to give a summary of the visit and inform them 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 for thirty-three years” and started as a “care assistant” and so has “hands on” experience. The manager said she “leads by example” and has been used by “Rochdale Council Quality as an example of good practice”. The manager told us she enjoys “being a hands-on manager” and “enjoys (the) social interaction with the residents” and says, “good morning to every resident” believing “this is their home”.

Two staff members we spoke with told us that they had an annual appraisal and regular supervision and said the manager was “understanding” and “approachable” with an “open door policy”. However, two other staff members felt that they did not receive support from the manager with one staff member saying there was “no support for sickness”, “a lot of evening work” and “low morale”.

Two residents we spoke with said “no” they did not know who the manager of the home was, three residents said they did know who the manager was, and three other residents said yes but “had forgotten her name” or only knew her “by sight”. One resident told us that they thought the manager was “a lovely lady and I can talk to her”.

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

The manager told us that staff receive an induction which includes “shadowing for a seven-day period” and training includes “life support, medication awareness, quality & diversity, mental health awareness and dementia”. There is also an “end of life champion” who “cascades training” to other staff members. The manager told us that she has “implemented changes and a new structure to change the (staff) culture” so that they “accept new training needs”.

All five staff members said they felt that they had enough time to care for residents and two staff members said they had undertaken “Level 3 NVQ” with a third saying they have been “asking for years to do an NVQ level 3”, a fourth staff member said there was “NVQ opportunities” and that there was “usually a training notice board”.

Seven residents told us they felt that staff had the time to stop and chat with them, telling us “they all find to talk to me”, “everyone is so welcoming” and “they do have

little chats". Another resident told us that there had been a "few (staff) changes" and that the "chef had changed".

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

The manager told us that a "pre-admission is conducted" which includes a "This is me document" which is a "person - centred assessment and care plan formulated with (a resident's) family or carer" and is "reviewed monthly or according to condition" or "as (resident's needs change". The manager also said that there are "plans for a reminiscence room" for dementia patients.

Staff members told us that they get to know individual residents through "assessments" and "care plans" with one staff member telling us that the manager "assesses the individual" and then a "care plan is put in place". A second staff member said they get to know residents through "conversation" and "asking questions".

Residents told us that they felt that staff knew their likes and dislikes and knew them well, telling us staff "know quite a lot about me", "they all know what I like and don't", "if I didn't like something I would tell them" "yes, we talk it over at meetings and I tell them" and "yes, they tell me this is my home now".

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

The manager told us that the home has a "new activities co-ordinator this week" with "plans to visit dementia cafes". The manager said the "home doesn't have gardens" but that they are "working with the space available" and "will provide residents with gardening pots". The manager also said that a "nearby church allows (the home to) use a small plot of land for outdoor tables and chairs" and there are "plans for a summer and Christmas fair" as well as "coffee mornings".

Three staff members told us that the home has an activities co-ordinator who has "just started" but activities include "day trips, quizzes, arts and crafts, games, DVDs and dominoes". Two staff members said that they "encourage (residents) to take part by highlighting the fun".

Residents told us that indoor activities available to them in the home included, "bingo, singing, quizzes, dominoes, cards and swimming" One resident told us that there was a "new lady for entertainment" and a second resident said that "a lady comes in, she is new, she sings" but that they had "decided to stay in my room as I have lovely things to do in my room. I do needlepoint and read lots of books". Residents told us that outdoor activities included "trips to Blackpool", "a trip to Rivington Barn", "the pub", "shopping with my daughter", trips to "Southport" and "swimming".

Three residents told us that it is easy to join in with activities, saying "they come and ask me", "it is easy to join in, no problem" and "they came to ask me if I wanted to go into the pub around the corner". One resident told us that they would like to have a "films night with old films" and a second resident said, "bring the children from the nursery, I would have loved that".



On our visit we observed that the activities co-ordinator was singing karaoke style in the lounge and residents seemed to be enjoying themselves with a couple of residents observed to be tapping their feet along to the music. The activities co-ordinator engaged with the residents asking them quiz style questions about the songs and after the singing activity was finished she asked residents if she would like them to read a book, which residents confirmed they would.

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

The manager told us that residents have “two choices daily” with “alternatives provided” and residents can snack when they like, with “fresh fruit” available. Residents can choose to eat in the “dining room or their own room” but are “encouraged to visit the dining room” where the home tries to “provide a happy atmosphere”. The manager told us they are hoping to hold “social meal events” and also have “buffet teas”. Resident’s likes and dislikes are recorded through a “food fact sheet”.

Staff members told us that residents have “breakfast at 9.30am - 10.30am” and can have “cereal or toast” with dinner at “12.30pm -13.30pm” and tea at “4.30pm - 5.30pm”. Three staff members told us there was a “set menu” with a staff member saying there was “two to three options available”. We were also told there is a “brew trolley at 10.30am 2.30pm”. Staff members said that mealtimes are sociable with residents sitting in the “dining room” with a “set table” and “napkin”.

Three residents told us that they enjoy the food saying it is “lovely”, “it’s alright, she does very well” and “I enjoy the food”. However, a fourth resident said that “one cook is better than the other” and they are “really fed up with peaches and banana in custard and the pastry is like cardboard”.

When asked if they enjoyed mealtimes four residents told us that they choose to eat in the dining room, saying “I go into the dining room and sit with my four mates” and “I go down to the dining room and have a chat to the ladies”. Two residents told us “I stay in my room by choice” and “I stay in my room and eat my meals, I can’t get downstairs anymore”.

On our visit we observed that the dining room was decorated in contrasting colours and there was wall art, plants and ornaments as well as a book shelf. Dining room tables had condiments and flowers and there was a four weekly rotational menu on the wall with the tea time menu displayed on a centre chalkboard. There was also a full bowl of fresh fruit in the corner of the dining room for residents to help themselves to. During our visit we also observed staff offering cups of tea and home made jam tarts to residents.

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

The manager told us that a “dentist visits annually” but the home has trained “oral care champions” who keep a record of teeth status of residents. The manager also said there is “eye testing annually”.

Four staff members stated that residents had access to optometry, dentistry and a “hairdresser once a fortnight”.

Three residents told us that they have seen an optometrist whilst in the home but were unsure about a dentist telling us “I can’t remember if I have seen a dentist”, “I have seen a dentist once since I have been in the home” and “no dentist”.

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

The manager told us that “individual needs are catered for as far as possible” and that the “church visits for communion monthly but no one is presently involved”.

Three staff members told us that the home accommodates resident’s religious and cultural needs with one staff member saying that the “church would come in” and two staff members telling us that a “Christian (resident) went to church”.

When asked if there was respect for their religion or culture in the home residents told us “I am not a practicing catholic”, “I used to go to church but I don’t anymore (and) no vicar comes here”, “never seen a vicar or a priest” and “no vicar or priest comes into the home. I am a catholic but don’t get to go to church”. However, another resident told us that “a vicar comes and sees me”.

We observed that resident’s bedroom doors were painted in different colours and were told by the manager that residents get to choose the colour of their door. Bedrooms were decorated according to individual taste and interests and bedrooms had the name and a picture of the occupying resident. Next to resident’s bedroom doors was a mounted boxed glass frame containing pictures and items that reflect a resident’s past history and interests.

In the lounge we also observed that residents seemed to have good social interaction with each other and were seen chatting with each other. One resident was observed answering her mobile phone and having a quick chat with her daughter before telling us she was ringing to say she was coming to visit.

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

The manager informed us that “residents have a voice” and the manager “offers a listening ear to relatives and residents”. The manager said there are “regular residents and relative’s meetings” and a “complaints and outcome file”. The manager shared some examples of how staff and residents can have a say in how the home is run, telling us that the “dining room was redecorated with both staff and resident’s input and choices”. The manager says she has an “open door policy” and staff have “four supervisions per year” and an “annual appraisal”. The manager told us that when she first started in post “the feedback raised concerns, and these have been addressed” and the home has “not had any negative feedback in recent months”.

Three staff members told us that residents were able to have a say in how the home is run through “management and family meetings” which are “held every two months” with one staff member saying that “some families make recommendations” for improvement.

Three residents told us that if they had a complaint they would go to the manager, saying they would “go and tell who was in charge”, “speak to the manager” and “write a letter and give it to the manager. I have already written to head office twice about how hard the

staff work”. Residents told us there was nothing they would like to change about the home, saying “no, very happy, they look after you well” and “if I don’t like something, I will just tell them”. One resident told us they weren’t happy with their room but changed it and now “I have made it just how I want it” and another resident said, “I have changed my room a few times”.

On our visit we observed that there was a notice board in the entrance hallway with the complaint’s procedure and a mission statement. There was also a table with a signing in book and a quality questionnaire for outside professionals, a professional’s comments book and a family satisfaction survey. However, the desk and noticeboard were quite cluttered, and this information wasn’t very visible if you weren’t actively looking for it.

## Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Little Heaton 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 some issues of some residents not knowing who the manager was or only recognising her by sight. Therefore, in accordance with indicator 1 ‘Have strong visible management’ we recommend:</p> <p>“For management and staff to wear name badges with their name and position to help residents who are unable to recall the manager’s and staff member’s names”</p>
2	<p>Our findings saw evidence of activities improving within the home. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <p>“To build on current progress of improving activities by 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>
3	<p>Our findings saw no evidence of previous activities that have taken place or activities scheduled for the week ahead. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <p>a) “To have a list of upcoming activities posted in a place visible to residents”</p>



	b) “To create an activities display with pictures of residents who have taken part in activities offered by the home”
4	<p>Our findings saw some evidence of feedback mechanisms for residents and their friends and family but to improve this system and in accordance with indicator 8 ‘Be an open environment where feedback is actively sought and used’ we recommend:</p> <p>“Having a suggestions box so that people can make suggestions for improvement anonymously”</p>
5	<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

The provider provided no response to the findings of the report.

# Contact us



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