

A photograph of a brick wall with two windows at the top. The words "The Mews" are mounted on the wall in a large, green, cursive font with a white outline. The sign is illuminated, casting a shadow on the bricks.

The Mews

The Mews
Enter and View Report

June 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

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/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank The Mews 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.

Enter and View Visit Information

Service address	The Mews, Fenton Street, Rochdale, OL11 3TH
Service Provider	East & West Healthcare LTD
Type of service	Care Home with nursing - Privately Owned, Registered for a maximum of 60 Service Users
Date and time of Enter and View visit	Monday 3 rd June 11.00am - 2.00pm
Authorised Enter and View Representatives	Claire Birch, Jane Jackson, Karen Kelland, Mila Gergel (shadowing).

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. The CQC publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit The Mews Care Home was rated as outstanding by the CQC. To read this inspection report please visit <https://www.cqc.org.uk/location/1-3219767417>

Visit Background & Purpose

Background

Healthwatch Rochdale visited The Mews Care Home on Monday 3rd June 2019 at 11.00am - 2.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

In 2018/19 visits were based on eight care quality indicators developed by Independent Age. For the 2019/20 programme of visits, Healthwatch Rochdale decided to include a ninth indicator which focuses on the environment to enable better reporting in this area.

The indicators are:

- 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#
- Provide a physical environment which is suitable for the needs of the residents

Methodology

This was an announced visit within a two-week time frame and therefore The Mews management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Jane Jackson
- Karen Kelland
- Mila Gergel (Shadowing)

We were greeted on arrival by the manager and our questionnaires and observations were conducted based on the nine care quality indicators. On the visit we spoke to:

- The manager
- Three staff members
- Three residents
- One family member

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 he had been a “manager for 8 years, deputy for 12 and had worked at The Mews for 28 years in total”. He was “promoted into the role (of manager) to implement improvements”. The manager told us he “now values being responsible for providing high standards of care” and that he enjoys the role as it allows him to be “responsible for improvements and being allowed to maintain standards”. The manager told us he valued the “receptive owners who trust the manager’s viewpoint and skills” and enjoyed how the role “allows contact with residents as much as possible”.

All three staff members we spoke with told us that they felt supported by the manager with staff members telling us that they “wouldn’t want to work anywhere else”, “receive support always” and that the manager is “brilliant”.

One staff members said that it is easy to speak with the manager as he is “always available” and “I can relate to him” with a second saying it is “very easy” to talk to the manager and there is an “open door policy” and a third saying the manager “will always listen”.

All three residents we spoke with said they knew who the manager of the home was and told us it was “a guy called Martin” and “Mr Donovan”. One resident said the manager was

“alright” and a second said “I like him, I always go to his office for a chat”, a third resident confirmed he liked him.

One family member we spoke with said they knew who the manager of the home was, “Martin” and confirmed he was friendly and helpful.

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

The manager told us that the home has a “long term core of staff with shared values of care” and that “staff enrol onto courses appropriate for the individual needs of residents, e.g. diabetes and challenging behaviour”. The manager explained that there is a “training matrix for staff of individual needs” and that a “training provider visits to provide mandatory training courses”.

The manager told us that he ensures staff have enough time to care for residents through “ensuring adequate staffing levels” and “if residents require higher dependency care (the manager) applies for extra funding”. However, the manager was open in saying that “ensuring adequate nursing staff levels is an ongoing challenge but (they) always maintain safe levels”.

Staff members told us that they felt they had enough time to care for residents and that they are “encouraged to spend sufficient time with patients” and are “told not to rush care” and that they “feel they offer residents lots of activities”. All three staff members said they were encouraged to continue to develop their skills through “mandatory training” and that staff “encourage each other” and have received “training for oral care” and are “doing end of life care this year”.

Two residents we spoke with said they thought the staff were good with a third resident saying they are “good a lot of the time” adding that the “day staff are good but the night staff are agency who just fill the gaps”. The resident said they felt that the manager was “trying to save money” and “night time staff were not a high priority”.

Two residents felt that staff had time to stop and chat with them or residents could “just go and talk to them”. A third resident said that they “liked their own company” and that their “Alexa is their friend” and what they enjoy.

One family member we spoke with confirmed that they felt that staff have the time and skills to care for residents.

On our visit we observed staff chatting with residents and treating each other with respect.

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” with families involved in the gathering of information and that “on admission a care plan was devised”. The manager explained that there were “communication books for carers” and “family contact sheets in resident’s profiles” with a daily handover and “comprehensive care plans that were updated each shift”.

Staff members told us that they get to know individual residents through “talking to the resident” and “family members” and that a “social profile is done for each resident” and a “bio completed for each resident”. Staff members said that changes were notified through the “communications book” and at the “handover meeting at 8am”.

All three residents felt that staff knew their likes and dislikes with one resident saying “they know my routine and they know I am fussy. I tell staff what I want and what I don’t want”.

One family member spoken with felt that the home noticed and responded when their relative’s needs changed saying, “they would phone me or come and see me if I am already at the home”.

On our visit we observed that resident’s bedrooms were individualised to preferences and tastes and bedrooms reflected an individual’s personality with one bedroom having a Manchester United theme and another bedroom having a wall to wall collage of personal photos on the walls. We also observed that staff members knew residents by name and one of the directors of the company was observed interacting well with residents who he all knew by name.

4. Offer a varied programme of activities

The manager told us that the home has “3 activities co-ordinators” and a “timetable of activities” with “activities tailored to individual residents’ preferences” and staff getting “involved in activities were possible”. The manager also told us that “residents are able to have pets” and provided an example of tailored activities through a “resident who is an ex barrister” who is taken “to observe court monthly by staff”.

Activities for the residents were many and varied with the activities co-ordinator telling us that activities included “crafts, bingo, coffee mornings, Reiki sessions, armchair exercises, reminiscence sessions and trips to the cinema”. The activities co-ordinator explained that “everyone who wants to go out gets to go out” with trips outside being on a “one to one basis” and if “more than one resident is taken out there will be additional staff members”. The co-ordinator told us that there is a “yearly planner that gets filled in as the months come nearer” but the activities are “flexible depending on what the resident wants to do, e.g. pub/cinema/shopping”. There is also a “tally chart of who has been out and when” although some residents choose not to go out. Residents also get to go to “beauty sessions at Hopwood Hall College once a month” and go to “Zumba” or on a trip to “media city”. Inside the home there is “entertainment once a month” and the home also celebrates “big birthdays e.g. 70 and 80”. There is also Lynn’s bingo where “everyone wins a prize” which encourages “all residents to join in” because “they know they are going to get a prize”.

One resident told us that activities available in the home were going into town or trips to the cinema saying “I was asked if I wanted to go and see Aladdin this week” and “I play bingo, I win loads of stuff like shower gels and deodorants”. The resident told us that they had also been to Manchester and Healey Dell and said, “I like it here, I love living here” and “I can go in the garden whenever I want”. A second and third resident confirmed there were activities available for them in the home, but they were “happy on my Ipad” and “I love my Alexa, I love listening to radio 5”.

One family member told us that there was “always something going on” activity based in the home and that staff “always try to involve (resident) when they can but it depends on how (resident) feels”. The family member told us that “weekly aromatherapy sessions” had been implemented after their resident’s request and that their resident had “been to Hopwood Hall College for a hand and arm massage”

On our visit we observed an activities plan with details of the weekly activities including trips to the cinema, we also observed the activities co-ordinator taking out a resident on an individual trip to a location of their choice.

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

The manager told us that “residents are involved in planning menus” and that the home “change menus regularly and the home also has “theme nights e.g. Mexican”. The manager said that residents are “able to eat in their own rooms” if they choose and are able to “go to the kitchen in between meals”.

Staff members told us that residents get “two choices” at mealtimes but are “always offered alternatives” if they don’t like those choices with “snacks available during the day” and a “drinks trolley (so) residents can help themselves or staff can do it for them”.

One resident we spoke with was peg fed and so didn’t want to take part in mealtimes, a second resident said they thought the food was “nice” with “enough choice” and a “set meal time of breakfast, dinner and tea” but that you “could ask for a snack if you wanted” and can choose to eat in either the “dining room or bedroom”. A third resident said they enjoyed meals and got “their order in” as they can “choose (their) own food”.

The family member we spoke with informed us that their resident was peg fed (percutaneous endoscopic gastronomy). This is where a flexible feeding tube is placed through the abdominal wall and stomach and allows nutrition, fluids and medication to be fed directly into the stomach, bypassing the mouth and oesophagus.

We observed lunch time on our visit and saw that it was a calm, relaxed, pleasant event and residents were able to choose where they sat. Lunch was a choice of either spaghetti on toast or a pasta dish and all residents looked to be enjoying their lunch. Menus were displayed on the dining room doors and were on a four-week rotation.

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 the dentist “visits regularly when needed” with some residents going “out to visit dentists”.

Staff members told us that residents “go the dentist at Nye Bevan House” and that a “dentist visits for residents not able to go out”. An “optician visits the home” and there is a hairdresser/barber that comes into the home “monthly or can come sooner if required”.

One resident confirmed they had seen both a dentist and optician and a second resident said they hadn’t seen a dentist but had seen an optician. A third resident said that they had “seen a dentist once last year” but do not see an optician as glasses don’t help with their eye condition.

When asked if a dentist or optometrist comes to see your relative regularly one family member we spoke with said their resident had been to “Nye Bevan Community Dentist” and a “mobile dentist comes out” (resident) also “goes to Nye Bevan Podiatry”.

On our visit we observed that residents appeared well groomed and clean with neat, combed hair. We also observed a hairdressing book in the reception area for people to book in appointments.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that personal, cultural and lifestyle needs are “identified on the care plan” and that the “local church visits for residents bi-monthly” and that one resident who is a Jehovah’s Witness “goes out to canvas”. The manager explained that the home “celebrates all the different denominational celebrations, e.g. Eid”. The manager told us the home has a “visiting hairdresser” or residents can “visit (an) outside hairdresser”.

Staff members told us that “people from church come in on Sunday” but residents “can be taken to Church by family if requested”. The home also provides “holistic treatments e.g. Reiki and aromatherapy” and “halal meals”.

Two residents confirmed there was respect for their religion or culture in the home and told us “Buddhist people came to see me” and “I am able to practice (my religion) here if I want to”. A third resident said they had no religion. All three residents felt that the home was clean and tidy. One resident told us the home had “internet access” and the “barber comes in so I can get my hair cut when I want” and a second resident said, “my friend is a barber he cuts it (hair)”. A third resident said “somebody cuts my nails and shaves my head and my face. I have my own shaver and can have a shave when I want”.

The family member we spoke with felt that their resident did not have any specific lifestyle, religious or cultural needs that needed to be accommodated. The family member confirmed that there was access to a hairdresser saying a “lady comes in” and you “can request a haircut if necessary”.

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

The manager told us that they have a “relative and residents meeting every 3 months” which is chaired by the “activity co-ordinator” and “attended by the manager”. The manager said he also makes himself “available and approachable to residents” and that there is a “suggestions box for anonymous concerns”. The manager told us that “resident’s feedback is recognised as part of the improvement programme and influences care plans or changes systems of care”. This is evidenced to residents/relatives “by seeing actions from their comments”.

The manager said that staff feedback is “vital to how the home runs” and the home “hold separate unit meetings”. The manager told us that staff are able to approach him “individually as needed” and that “staff use the suggestions box as well as residents”.

Staff members told us that residents can have a say in how the home is run through “resident’s meetings and the communications book” and “can raise any issues at any time” but residents are “mostly happy how things are”. Staff members also felt they could have a say in how the home is run by “speaking to the manager directly” and staff being able to “choose paint in the reception”.

Residents told us that if they wanted to make a complaint they would “speak to the manager or nurse” and “go to see Martin and tell him”. Two residents said there was nothing they wanted to change about the home and a third resident told us they would like to change “the heating and overall temperature” but were generally happy with the home and said “I feel looked after and I have a couple of friends here”.

One resident told us if they weren’t happy at the home they would “ask to find somewhere else” and a second resident said “the home is definitely a lot better than other homes I have been in; I have definitely picked the best home. I wanted to be somewhere I felt happy in” a third resident said they “don’t want to change anything in the home” and that they “can go out when they want as long as let staff know”.

One family member told us that they felt like a welcome participant in the home saying, “staff are very friendly”. The family member told us that they would “speak to the nurse or the manager” if they wanted to make a complaint and that they are able to give feedback by “approaching the manager or nurse” and that they “filled in a questionnaire 2 or 3 months ago”.

On the visit we observed a suggestions box and a notice board in the reception area. We also observed staff interacting with family members in a friendly, conversational manner.

9. Provide a physical environment which is suitable for the needs of the residents.

The manager said the home has an “ongoing programme of decoration” and a “handy man to do daily works”. The manager told us that there is a “new boiler being installed with ‘hive’ control” so that “residents are able to control their own room temperature”. The home also has a cleaning team to ensure that the home is always hygienic and clean”. The home currently only has one resident with dementia, but the manager told us the home is made dementia friendly through “dementia friendly signs, crockery and cutlery” and dementia training is provided.

Two residents felt that the temperature of the home was “ok” and a third resident said it was “normally just right but the radiator is broken so last week it was freezing”.

One family member we spoke with said they felt the home can “sometimes be too warm” but a “black out blind has been put up which helps”. The family member felt that the home was always clean and tidy and well decorated and maintained but said the home “only has one handy man so sometimes you might have to wait”.

On our visit we observed that the home had a lot of dementia friendly signage. The home did feel cooler in some bedrooms as opposed to others. The bathroom was nice and clean and bright, and we observed that hand sanitiser was available in various locations around the home. We felt the home had a very homely feel and did not feel clinical even though the home did provide nursing care.

Recommendations

The findings in this report are based on nine care quality indicators and the Enter and View visit identified the following areas of improvement.

Therefore, following this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced that the home is looking into using electronic software for patient's care plans. Therefore, in accordance with indicator 3 'Have good knowledge of each individual resident and how their needs may be changing' we recommend:</p> <p>"To continue researching electronic care planning systems and continue with the switch from paper to electronic care plans".</p>
2	<p>Our findings evidenced a high standard and good variety of individualised activities. Therefore, in accordance with indicator 4 'Offer a varied programme of activities' we recommend:</p> <p>"For the home to share their skills and experience on providing individualised activities to allow other homes to learn from good practice"</p>
3	<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>
4	<p>It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to contact Healthwatch Rochdale direct if they wish to contribute any additional comments about the home or to this report.</p>

Response from Provider

The care home manager provided us with the below response and took the opportunity to address some aspects of the report as detailed below:

With regard to the recommendations

1. Researching and acquiring more information on electronic care plans and considering switching from paper based to electronic care planning - This is something I mentioned when interviewed but is being held off until we have completed the move to EMAR for the medication administration in August 2019, the Home has already been set-up to accommodate the transition, with WiFi now accessible in all areas of the home, I actually have a meeting set-up on 5th August for a demonstration of an electronic care planning system but would like several companies and several demonstrations before we choose a system which works for the staff and the residents.
2. “sharing good practice regarding activities” - Our Activities Co-ordinators are an exceptional asset to the home and widely praised by CQC and several quality monitoring authorities, other homes are already benefitting from our experience and only last month another Home requested that their Activity Co-ordinator could spend the day learning from ours, this was granted and was hugely successful. I do not feel that this should be a recommendation for us, but other Homes should have the recommendation to come and experience.

The Mews Nursing Home would like to thank Healthwatch Rochdale for the visit on 3rd June 2019, any inspection or visit from outside agencies is viewed as a learning experience and valuable tool for making improvements.

I would personally like to take this opportunity to also thank all the staff at The Mews, every single member of our large team brings something special with them, for some, this may not be obvious and as noticeable as others, but all staff are hugely appreciated. The whole environment and atmosphere in the Home is full of compassion and good natured humour from the residents and the exceptional staff. The Mews is, and always will be, a Home from Home.

Recommendations made by Healthwatch Rochdale are most welcome, and will be discussed with residents, relatives and staff before being implemented.

Contact us



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