

Barton Brook Care Home

Enter and view (Jan 2023)



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Introduction

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

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 are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

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 Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford 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 Salford safeguarding policies.

Further information about Enter and View is available at:
<https://healthwatchsalford.co.uk>

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

Acknowledgments

Healthwatch Salford would like to thank the Barton Brook Care Home staff team, residents and visitors for their contribution to the Enter and View visit.

Disclaimer

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

Visit details

Service provider	Barton Brook Care Home
Service address	201 Trafford Road, Salford, Manchester M30 0GP
Date and time of visit	Thursday 17 th November 10.30am – 2.00pm & Thursday 1 st December 11.00am – 1.00pm
Authorised Representatives	Mark Lupton (Lead), Scarlett Ash, Susan Fisher and Joe Hadley
Healthwatch Salford	The Old Town Hall, 5 Irwell Place, Eccles, M30 0FN Email: Info@healthwatchsalford.co.uk Telephone: 0330 355 0300 Website: www.healthwatchsalford.co.uk

About the home

Group/Owner	We Care Group
Person in charge	Jane Sefton (Manager at the time of visit) Maria Pereira (Support Manager, We Care Group)
Type of Service	Care Home with nursing – Privately Owned Registered for a maximum of 120 Service Users
Registered Care Categories	<ul style="list-style-type: none"> • Dementia • Old Age • Physical disability <i>(Registered with regulator 'Care Quality Commission (CQC)' to provide these categories of care)</i>
Specialist Care Categories	<ul style="list-style-type: none"> • Alzheimer's • Colitis & Crohn's Disease • Hearing Impairment • Speech Impairment • Stroke • Visual Impairment
Other Care Provided	<ul style="list-style-type: none"> • Convalescent Care • Own GP if required • Palliative Care • Respite Care • Separate Specialist Dementia Care Unit
Local Authority	Salford City Council
Admission Information	Ages 65+
Room Information	<ul style="list-style-type: none"> • Single Rooms 120 • Rooms with ensuite WC 0
Facilities and services	Bar/Cafe on premises, close to local shops, gardens for residents, near public transport, own furniture if required, pets by arrangement, phone point in own room/mobile, residents internet access, residents kitchenette, television point in own room & wheelchair access

Information taken from carehome.co.uk January 2023

Latest Care Quality Commission (CQC) report on Barton Brook Care Home:
Requires Improvement: <https://www.cqc.org.uk/location/1-12942775420>

Purpose and strategic drivers

Purpose

To engage with residents of care homes and understand how dignity is being respected in a care home environment.

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.
- We asked questions around 8 'care home quality indicators,' produced by Independent Age in partnership with Healthwatch Camden. (2016)

Surveys and questions are based on '8 care home quality indicators'.

A good care home should:

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

Strategic drivers

Following the Healthwatch Salford Annual Priorities Survey in January 2022 we received feedback that the public wanted us to look at adult social care. This was developed at the Business planning session into a project looking at the public's experience of using care homes which was scheduled for October to December 2022.

Methodology

This was an announced Enter and View visit. On first arriving for the visit, we approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

During the time of our visit, there were 83 residents living at the home. Authorised representatives conducted interviews with 11 members of staff at the care home, plus the Manager. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored. Authorised representatives also approached 17 residents and 3 visiting relatives, to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

Summary of key findings

Barton Brook is a 120-bed care home operated by We Care Group in the Eccles area of Salford.

During our visit, we heard from residents and relatives who spoke fondly of the home itself and staff, expressing that they felt valued and listened to.

Activities within the home were varied and enjoyed by residents though some of them missed the trips outside of the home which were curtailed during the COVID-19 pandemic and are yet to resume

Mealtimes were made sociable with food and drink choices being in plenty and residents always encouraged to stay hydrated and nourished.

Residents seemed to get the appropriate healthcare as and when they needed it, though there were some issues around access to dentistry and oral health checks.

The home has been through a turbulent couple of years with changes in ownership which has caused staff to feel unsettled and experience low morale. Whilst recently being under new ownership, the home has encouraging plans for improvement in the future, and we look forward to seeing how these develop.

Following our visit, we were informed that the manager at the time has now left the care home. We have, however been reassured by the interim manager that responses given still remain accurate and relevant.

Results of visit

4 Enter and View authorised representatives visited Barton Brook, over a two-day period, and were able to talk to the manager, 11 members of staff and 20 residents/relatives.

Some of the residents whom we spoke with were at various stages of dementia, and this was taken into account in our conclusive analysis of this report.

What the residents and relatives had to say

Activities

Residents at Barton Brook enjoy the activities that the home has to offer. They told us that playing bingo, watching TV and singing songs were amongst their most favourite.

Other residents told us how they enjoy having their hair done and pamper sessions. A few residents told us of the activities that they used to enjoy doing before they came to the home, but understand these can no longer be pursued because of limited mobility.

Some residents' families come in to take them out for trips outside the home, but other residents mentioned how they missed going out since activities were curtailed as a result of the COVID-19 pandemic.

Food and mealtimes

The majority of the residents were very complimentary about the food and enjoyed mealtimes, although there were a couple who felt that the menu choices were always the same and would like more variety.

Healthcare

We asked residents about their own health and whether they had the opportunity to see a dentist, optician or audiologist within the last year.

Some residents told us that they had recently had eye and hearing tests, but nearly all residents lacked a visit from a dental professional.

A chiropodist visits regularly.

Religion, cultural and lifestyle needs

A number of residents we spoke with identified as following the Catholic faith and remarked how they would like to see more of a visiting priest. Others told us how they had spoken to the visiting vicar recently.

Staff and management

Overall, residents were very complimentary about the staff with some making special mentions about how certain staff have gone the extra mile to make them feel at home.

There was some confusion with who they identified as the manager, which is not surprising as the manager was new to the role just six weeks prior.

Some residents acknowledged that at times staff seemed very busy, and they did not feel they wanted to disturb them for a chat.

The home

Most of the residents felt at home in Barton Brook and were confident with how to challenge things when they did not feel happy. There were a number of residents whom we spoke with who were at various stages of dementia with some telling us that it was not 'their' home.

Relatives told us how they felt welcomed within the home, with staff friendly and approachable.

A couple of residents and family members did express concern over the home's decision to mix up residents from different units (some who needed extra nursing support and those on residential care), and how this led some to feel that they could not interact with each other as they had done in the past due to some residents not having the capacity to engage.

What the staff had to say

Activities

Staff told us how the residents can enjoy movie days, watching TV, playing bingo, quizzes, other games and karaoke. Residents were also encouraged to take part in armchair exercises. In addition, the home runs a book club and they have pamper and craft sessions.

Visiting singers also provide entertainment within the home.

Some staff felt that whilst the activities are plentiful, there could possibly be more variety in what was offered.

Staff said that they encourage residents to take part in activities by helping them into the communal areas or visiting those who wish to stay in their rooms, for additional one-to-one support.

The staff felt that residents were able to have a say on what activities take place in the home by daily conversation or speaking up at residents' and relatives' meetings.

The manager explained how the home was looking to separate health and wellbeing from activities and actively encourage visits outside the home as part of essential wellbeing.

Food and mealtimes

Menus are set in three-weekly cycles, with food choices of the day displayed in the dining area.

As some residents are at various stages of dementia, staff often show them plated up meals to help remind them of their choices.

The kitchen manager told us that the residents have full choice in what they would like to eat. If something on the menu does not appeal to a resident, then the kitchen will always be able to accommodate individual requests. The manager also told us that in the kitchen there is an allergen board, displaying the names and any allergies of each resident. Everybody undergoes IDDSI (International Dysphasia Diet Standardisation Initiative) training, which enable staff to prepare and serve food safely. Kitchen staff have also undergone level 4 and 5 training.

Staff also told us that there is a big drive on ensuring residents have enough to drink.

The communal dining experience is made as pleasant as possible, with clean and tidy tables arranged in café style, complete with tablecloth and menus. Residents are encouraged to sit with others communally; they are given one-to-one support where they may wish to eat in their own room, whereby the kitchen can also make them 'snack boxes'.

Some staff mentioned that mealtimes may straddle a film-watching activity, which could be a distraction to some residents; they felt that background music would be preferable at mealtimes.

Healthcare

Care Vision provide optical care for the residents, with audiologists also visiting the home.

Some residents can leave the home with relatives to visit their dentist, whereas others can attend Eccles or Pendleton Gateway by ambulance patient transport or wheelchair-accommodating taxi for their dental appointments. We found this comment to conflict with what was told to us by the residents.

Podiatry from the NHS is provided very quickly when needed and staff are grateful for this service. Other residents are seen by a podiatrist on average every 6-8 weeks.

A visiting nurse and GP also attend the home on a regular basis.

Religion, cultural and lifestyle needs

The home celebrates religious and cultural festivals such as Diwali and Christmas. A Catholic priest visits the home once a month upon request, with a local vicar attending weekly. Staff mentioned how before the COVID-19 pandemic, residents used to be able to go to church each week, but this has not resumed owing to staffing ratios.

Cultural dietary requirements are always catered for as are vegan and vegetarian preferences, though the kitchen informs us that presently they do not have any residents with these particular requests.

Care for the resident

When a resident first joins the home, discharge paperwork from Adult Social Care or hospital often forms the basis of a care plan, though we learned from some staff that this information is not always accurate and at times only very basic.

Residents' families are also given the option to complete an information booklet on their relative's history, likes and dislikes etc. All staff talked of the importance of speaking with the resident and getting to know them on a more friendly level.

Care plans are held digitally through the software, Care Vision, which enables staff to update and have real-time information at their fingertips.

Staff are notified of changes to residents' preferences at daily handover meetings.

How the home is run

Staff told us how residents can have a say in how the home is run during residents and family meetings which are held monthly. There is also a suggestion box at the front entrance to each unit, with a 'You said, we did' information board.

The manager further explained how the home was progressing to be more inclusive and demonstrative of residents' suggestions, by setting up a residents committee, whereby residents from each unit will come together to look at topics such as mealtimes, menus and activities in more detail. Future plans for this committee include the possibility of using a resident from this committee to sit in on staff interview panels.

An example of how residents or family have influenced changes in the past include a time when meals used to be ordered the night before. Families felt that for residents with dementia, this was too confusing and they would prefer the choice in the morning, so the kitchen was able to accept choices on the day.

Overall, after speaking with some staff it was felt that there was a legacy of low morale following a couple of turbulent years, with three different home owners and subsequent scrutiny. This verbal feedback was given to the current manager who assured us that going forward, they had plans to fully involve staff at all levels of how the home is run, whilst being open and transparent into their involvement.

Staff receive and are actively encouraged to undertake training to further their skills and knowledge. The manager explained how the home is looking to adopt staff champions, with staff supported to upskill to specific areas of interest (e.g. palliative care, bereavement, mental capacity etc) and act as a source of information for other staff to learn from.

Environment and observations

Barton Brook is a large care home in the Barton area of Eccles. The home can accommodate 120 residents split across 4 units: Irwell (residential and nursing), Moss (residential dementia), Brindley (residential and nursing) and Monton which was closed at the time of our visit due to refurbishment. The manager explained that as the home had a lot of vacant bed spaces last year, the decision was taken to close Monton unit and consolidate nursing and residential residents together. This would allow the home to maintain safe staffing levels removing the reliance upon agency staff.

There are several entrances to the home, with the main entrance containing a lobby area where visitors can apply face masks, take temperatures and sign visitors paperwork. The main reception area is spacious with soft seating and staff desks.

Corridors lead around to the entrances of the main units with a separate access for relatives to each unit, gaining access by ringing a bell to alert unit staff. All doors to the units were locked by key code.

Each unit hosts its own dining area and lounge, with direct access out to nice gardens and grounds. There was a nice cylindrical fish tank in the communal lounge, with other ornaments around the home. Showers and bathrooms were clean and hygienic.

At the time of both of our visits, Barton Brook felt homely, clean and was well signposted throughout. Notices were neatly displayed on the walls with menu choices for the day well set out. There was a large display in the dining area of the Irwell unit displaying the current day and date, but for the duration of our visit, it was displaying the previous day's information, which could be confusing for some people with memory problems.

The manager talked to us about their plans to refurbish Monton unit and allocate it as a dementia nursing unit, to which there are very few in Salford.

Recommendations and responses

Throughout our visit, we have gathered information to report on the positive conversations from residents, relative and staff, as well as some of those areas that are perhaps not working so well.

From this we have made the following three recommendations:

Recommendations

1	Activities – to plan a programme of activities, visits and excursions outside the home, when weather permits
	Response from Barton Brook Care Home: <ul style="list-style-type: none">• A meeting was held with residents of Barton Brook and activities planners were discussed. The residents had a voice about what activities they would like to see in the next month's planners.• Days out planned, book club and trips to the local library organised.• Monthly resident meetings will be carried out by the activity coordinator's team.
2	Staff – to further improve staff confidence and morale by becoming more inclusive and demonstrating how staff can have a say in how the home is run
	Response from Barton Brook Care Home: <ul style="list-style-type: none">• A staff meeting was held with the team and improvements were discussed.• Monthly meetings organized with the deputies and manager going forward.• Management sends out monthly anonymous surveys to staff, and answers are analysed, and "you said we did" boards are updated following this.

3	Planned improvements – to carry out mentioned improvements in the home, namely: <ul style="list-style-type: none">• Setting up the residents council• Refurbishment of Monton unit
	Response from Barton Brook Care Home <ul style="list-style-type: none">• Other parts of the building are under transformation and ongoing redecorations.• The recruitment drive is now completed, all new recruits had a walk around the home during the interview, and residents' opinions were noted.



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