

# Summary Report of Enter and View Project

September 2022–March 2023



(Photo for illustration purposes only)

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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:

[Enter & View | Healthwatch Salford](#)

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at:

[Microsoft Word - uksi\\_20130351\\_en.doc \(legislation.gov.uk\)](#)

## **Acknowledgments**

Healthwatch Salford would like to thank the seven Care Homes and their staff who were part of these Enter and View Visits. We would also like to thank the residents and their families who took the time to talk to us and give us their views. We are also very grateful for the support of our volunteers: Lucy Whiteley, Susan Fisher Shade Otunaiya; Ifeoma Nosakhoro; Joe Hadley and Heather Hancock.

## **Disclaimer**

Please note that this report relates to findings and observations on specific dates and times as detailed on page 6. This report summarizes themes and recommendations from the seven visits and is not a representative portrayal of the experiences of all residents, family and staff – only an account of what was observed and contributed during the visits.

# Executive summary

This project, scheduled for September 2022 to March 2023, aimed to explore the public's experience of using Care Homes in Salford.

At the start of the Enter and View project a volunteer recruitment and training programme was developed, and six volunteers participated. Authorised Representatives comprising of 3 members of staff and 4 volunteers visited a total of 7 Care Homes during November and December 2022.

During the project the team spoke to 52 residents, 39 staff members, 8 friends and family of residents, and 7 Managers and Deputy Managers.

The individual Care Homes varied greatly in terms of size and location, but good quality of care was observed throughout the visits.

As a result of our visits, a total of 26 recommendations were made around the following themes: activities/community links; environment/planned improvements; complaints procedure/gathering feedback; staffing; care for the resident; notices and displays and visiting arrangements.

A report was published for each Care Home, which included responses from the Care Home to the various recommendations.

Each Care Home was later contacted for feedback on the Enter and View process. Two Care Homes responded and rated the process as very good in all areas, without suggesting any improvements.

Likewise, volunteers were also asked for feedback on how they found their experience of the Enter and View project, and we received feedback from five of them. The feedback was predominantly positive.

Each Care Home will be contacted six months after the publication of their report to follow up on the recommendations and verify that they have been implemented.

## Visit details

Home provider and address	Visit date and times	Authorized Representatives
Abbeydale Nursing Home, 10-12 The Polygon, Wellington Road, Eccles M30 0DS	3 <sup>rd</sup> November 2022, 10am-1pm	Scarlett Ash (Lead) and Ali Macleod
Ecclesholme, Vicars Street, Eccles, Manchester, M30 0DG	8 <sup>th</sup> November 2022, 10am – 1pm	Ali Macleod (Lead), Scarlett Ash, Ifeoma Nosakhoro and Joe Hadley
Heath Cottage Care Home, 119 Station Road, Pendlebury, Swinton, M27 6BU	10 <sup>th</sup> November, 10am – 1pm	Ali Macleod (Lead), Scarlett Ash and Joe Hadley
Newlands Care Home, 18 Tetlow Lane, Salford M7 4BU	16 <sup>th</sup> November, 10am – 2pm	Mark Lupton (Lead), Scarlett Ash and Ifeoma Nosakhoro
Barton Brook Nursing Home, 201 Trafford Road, Manchester, M30 0GP	17 <sup>th</sup> November 10.30am – 2pm, 1 <sup>st</sup> December, 11am – 1pm	Mark Lupton (Lead Rep), Scarlett Ash, Sue Fisher and Joe Hadley
Cherrytrees Care Home, Mandley Park Avenue, Salford, Greater Manchester, M7 4BZ	22 <sup>nd</sup> November, 10.30am – 1pm	Ali Macleod (Lead Rep), Mark Lupton, Lucy Whiteley and Sue Fisher
Beechfield Lodge Care Home, 232 Eccles Road, Salford, M6 8AG	29 <sup>th</sup> November, 10.30am – 2pm	Mark Lupton (Lead Rep), Scarlett Ash, Lucy Whiteley, Sue Fisher and Joe Hadley

# 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 three primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.

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 September 2022 to March 2023.

# Methodology

At the very start of the project, in September, the Project Lead attended the Care Home Manager's meeting to outline the upcoming project and ask for managers to review the questions which would be covered during the visits. These questions were also reviewed by the Integrated Commissioning Manager, Salford City Council and the Salford Care Homes Quality Assurance Manager, Salford Care Organisation. A shortlist of eight homes was drawn up between Healthwatch Salford and the Care Homes Quality Assurance Manager, Salford Care Organisation, which included both Nursing homes and residential Care Homes. This also included homes that were judged as good at their last CQC inspection and those that were requiring improvement. The proposed list was discussed with the CQC to ensure that we did not overlap with any planned local inspections.

All eight Enter and View visits were announced. The homes were first notified by letter in October 2022 of Healthwatch Salford's intention to use their statutory powers of Enter and View, with follow-up phone calls made a week later to arrange dates and timings. The visits were confirmed in writing and a preliminary visit was arranged before the Enter and View to answer any queries the manager might have and to deliver posters so that the visit could be advertised to the residents, staff, and friends and family.

Out of the eight visits that were arranged, one had to be cancelled due to an outbreak of COVID-19, therefore a total of seven visits took place.

At the start of the process, we advertised the project to Healthwatch Salford volunteers and carried out interviews where we selected six suitable volunteers to take part. All Authorised Representatives received Healthwatch Salford Enter and View training, dementia awareness training provided by Empowered Conversations and Adult Safeguarding training provided by Salford CVS. The Authorised Representative role was subject to a clear enhanced DBS certificate that each volunteer obtained.

On the day of each visit the Lead Representative met with the Authorised Representatives for a briefing session outside the home to answer any last-



minute questions they might have, and hand out lanyards to show their role, and clipboards with paperwork to complete during the visit.

On first arriving in the home the Lead Representative entered first to talk to the manager and ensure that the home was ready for our visit. The team then entered and were given a tour of the building and given advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Over the course of the project Authorised Representatives conducted interviews with 39 staff members and 7 Managers/Deputy Managers. Topics such as quality of care, safety, dignity, respecting and acknowledging the residents' and families' wishes and staff training were explored.

Authorised Representatives approached and spoke to 52 residents to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. We also interviewed 8 friends/family members during our visits.

A proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas to observe the surroundings to gain an understanding of how the Care Home works, as well as how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

Immediately at the end of each visit, a short debrief took place amongst the team and the Lead Representative relayed any particularly negative feedback to the Manager/Deputy Manager. This was followed by a longer debrief for the team at another location where we discussed our findings in more detail and came to a consensus on the observations we had made.

After each visit, the responses were written into a draft report and sent to the Care Homes Quality Assurance Manager, Salford Care Organisation, the Authorised Representatives who had attended, and the Chief Officer of Healthwatch Salford. The report was then sent to the individual Care Home Manager for comment and for responses to Healthwatch Salford's recommendations. The final report was published on the Healthwatch Salford website, with copies sent to Healthwatch England, the CQC, Commissioners and the individual home.

Following the publication of the reports, and in view of the fact that Healthwatch Salford had not completed Enter and Views for over four years, an evaluation form was sent to the seven Care Homes and all of the Authorised Representatives who participated to evaluate how the project had run and whether any improvements could be made to the process. An internal staff debrief session was also held to look at how the process had worked.

Follow-up meetings will take place with the homes in six months' time to meet and discuss progress on actions taken on the recommendations.

# Summary of themes based on the 26 recommendations

Across the seven visits there were 26 recommendations made. The themes from these recommendations included:

- Activities/Community links
- Environment/Planned improvements
- Complaints procedure/gathering feedback
- Staffing
- Care for the resident
- Notices and displays
- Visit arrangements

**The main themes and recommendations are detailed below:**

Main theme	Summary recommendations
Activities/Community links	To explore ideas for new activities To employ an Activities coordinator To improve links with the local community
Environment/Planned improvements	To carry out planned improvements To update/maintain garden areas
Complaints procedure/gathering feedback	Staff feedback Residents'/family feedback To establish an anonymous complaints process
Staffing	Training Staff morale
Care for the resident	Time with the resident Personal care
Notices and displays	Notices for staff/residents/family
Visit arrangements	Arrangements for visits post-pandemic

# Key Points

## Activities/Community Links

All seven Care Homes offered residents the opportunity of participating in some activities, but the quality and range varied across the homes. Two homes were recruiting an Activities coordinator at the time of our visit, meaning that other staff had temporarily been covering the role.

Indoor activities included, but were not limited to: painting, games, bingo, drawing, writing stories, watching films, events for Christmas and the Queen's jubilee etc; visiting entertainers/singers; karaoke; quizzes; crafting; having their hair done and pamper sessions; gardening club; baking and word searches.

Outdoor activities which were mentioned included: trips to a local park, a coffee shop, McDonalds, or a museum. Some homes relied on family/friends taking residents out. One home had organized a trip to London.

Not all residents felt that they had been given the opportunity to suggest new activities in their Care Home. Some homes had a suggestion box, which was one method that residents could suggest new activities. They could also talk to the Activities coordinator/another member of staff or they could attend a relatives' and residents' feedback meeting.

Some residents felt that outside trips and activities had been curtailed since the pandemic.

Some homes benefitted from links with external organisations to run armchair activities, puppy therapy, local schools or voluntary groups or a visit from Manchester museum to take the residents on a trip down memory lane. Despite the fact that an external organisation was used, it was observed at one home that the relationship between the armchair exercise leader and the residents was excellent, with the leader remembering the resident's names and tailoring the activity to their individual abilities. Other homes did not appear to benefit to the same extent from links with the local community.

Another example of good practice under this theme was one home where the Activities coordinator organised a mix of group activities and one-to-one activities. Each resident was given the opportunity to select a one-to-one activity once a month, and these included going out to a nearby café, going to the park etc.

At another home there was a Wellness coordinator who offered a full programme of gentle exercise activities.

### **Recommendations:**

Six recommendations regarding Activities/Community Links were made, and these included:

- To explore ideas for new activities that are accessible and that match the interests of the residents.
- To plan a programme of activities, visits and excursions outside the home, when weather permits.
- Employ an Activities coordinator who can ask residents what they would like to do, introduce armchair exercises, advertise the activities options and offer more outings.
- Develop stronger links with the local community, for example the church/local schools/local voluntary groups such as Scouts/local choir, who can visit the home/entertain residents/help with garden maintenance.

### **Environment/Planned improvements**

The indoor and outdoor spaces of the Care Homes which we visited varied considerably. Some buildings had traditionally been domestic houses that had been converted, whereas others were modern purpose-built Care Homes. The locations also varied with some being on busy main roads with limited parking, and others on leafy residential streets next to, or close to, a park.

The inside of the homes varied in capacity and how they were able to be laid out. Some of the good practice which we witnessed included: having the doors to resident's rooms painted like front doors with letterboxes; allowing residents to adorn their rooms with their own ornaments and decorations; making communal spaces homely and giving residents something

interesting to look at, e.g. posters of old film stars on the walls, a Rovers Return mural on one wall, a pretend shop and pub, and having different lounges for different activities, e.g. a louder lounge and a quieter lounge.

Likewise, the external premises varied with some needing a bit more maintenance. Some of the Care Homes had very nice garden areas with benches, patio areas, gazebos and water features with space for outside activities which both the residents and visitors could benefit from.

A plan of improvements was already in the process of being carried out at three of the homes.

### **Recommendations:**

There were five recommendations around environment/planned improvements, which included:

- To continue with the improvements plan so that the garden area and internal flooring are upgraded, CCTV cameras are installed upstairs, and buzzers are installed in all bedrooms.
- The courtyard garden area to be given an overhaul and regularly maintained – this could provide a nice view from the windows as well as providing an extra area for residents and visitors to sit in during nicer weather.
- Planned improvements i.e. refurbishment of one of the units at one of the homes.
- To consider making improvements to the rear lounge where visitors meet with residents, as well as the back garden that can be utilised for activities.

### **Complaints procedure/gathering feedback**

All of the Care Homes had some kind of feedback system. Good practice around this theme included: having anonymous suggestion boxes; holding regular separate feedback meetings for residents, staff and families, and showing how feedback had been acted upon with a “You said, we did” board. Another Care Home was setting up a residents’ committee, whereby residents from each unit would come together to look at topics such as mealtimes, menus and activities in more detail. Future plans for this

committee included the possibility of using a resident from this committee to sit in on staff interview panels. Another home circulates a survey from Head Office “having your say” every couple of months.

One resident said about the Manager at their Care Home:

**“Whenever we have a problem he does deal with it. He is easy to approach and talk to.”**

Some of the visitors we interviewed at one Care Home said they are made to feel welcome at the home, with one saying they felt listened to and that the home took things on board at a previous meeting with the Manager.

However, at some homes, residents and family meetings which used to be quite regular pre-pandemic have been occurring less frequently.

Generally, the staff felt that they can freely have a say in how the home is run, however one comment mentioned how staff meetings tended to be dominated by the care agenda leaving this staff member to feel that their suggestions and ideas went unheard.

### **Recommendations:**

There were five recommendations under this theme, and these included:

- To provide information for residents/visitors to learn how to make a complaint if necessary, as well as encouraging suggestions.
- To consider introducing new feedback mechanisms geared towards staff, particularly in this early stage of the new owners taking charge.
- To further improve staff confidence with raising concerns or ideas by becoming more transparent with the evaluation of these.

## Staffing

The staff who we observed and who we spoke to all displayed a caring attitude to their work and appeared to be generally happy in their roles.

One staff member said:

**“I enjoy seeing the residents every day. Just knowing that they can’t look after themselves, and putting a smile on their face, is an achievement. I love spending time with them.”**

Good practice under this theme included safe staffing determined by using a ‘dependency tool’ which ensures a fair mix of male and female staff on each shift, ensuring resident’s choices of gender for hygiene related care are respected.

Many staff who we spoke to felt that they had opportunities for training but we certainly spoke to at least one who expressed frustration about asking for training and not hearing back from management.

After speaking with some staff at one Care Home, 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.

### Recommendations:

Two recommendations were made around staffing, including:

- 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.
- To carry out a review of staff training so that all staff are aware of training opportunities.

## Care for the resident

The average length of stay of residents varied across the homes, as did the average time that staff had worked at a home, with one member of staff whom we spoke to having been there for 17 years. All Care Homes had policies in place to ensure that staff got to know residents’ needs. Good



practice in this area included: the manager visiting a prospective resident before they arrive to do a pre-assessment; staff reading care plans and other notes from health professionals before a resident arrives and staff using person-centred software on a hand-held device so that records could be updated immediately and the manager had a record of all contact.

We received a mixed response from staff about whether they felt they had enough time to care for the resident. Staffing levels varied at the homes which meant that staff did not always have time to spend chatting to the residents. Some of the homes did not have an Activities coordinator and this meant that the staff were also carrying out activities such as doing nails, pamper sessions, and playing games.

Some staff felt that residents' needs had increased at their home, and staffing levels had decreased, meaning that staff were under more pressure, and did not have time to take breaks. Some residents also felt that there were less staff in the home.

One resident said:

**“If they have time they stop and chat. A lot of residents need assistance so not always time”.**

One resident told us that there was an occasion when they did not feel they could choose the gender of the staff member giving them personal care, as they perceived the home to be understaffed at the time.

## **Recommendations:**

There were three recommendations on this theme, and these included:

- To install a stronger internet connection so that mobile devices can all be accessed and used simultaneously, allowing updates on person-centred software to be made and viewed immediately.
- To monitor staffing levels so that residents feel confident that staff have time to interact with them.

- To ensure all residents are content with the gender of staff administering personal care.

## **Notices and displays**

All seven of the Care Homes we visited used some form of notice boards. Examples of how these were utilised include: to publicise the complaints procedure; evacuation procedures; activities for the week; the date, menu, or weather on that particular day.

Examples of good practice in this area included: some homes having separate boards for residents, family and staff in different areas; keeping them updated each day/week; keeping them free of jargon, and using pictures where appropriate, e.g. to show the weather.

### **Recommendations:**

There were two recommendations around notices and displays including:

- Review the information boards and signage to remove jargon and make it easier for residents to understand.
- To re-evaluate how notices and information are displayed inside the home so that walls and noticeboards seem 'less busy'.

## **Visit arrangements**

Visit arrangements had to change during the pandemic and at many homes arrangements are now back to normal.

However, some of the Care Homes still required visitors to make appointments before visiting their home and we were told that these new arrangements are 'hard' when it is not always possible for residents to see visitors when they want.

## Recommendations:

There was one recommendation regarding visit arrangements:

- To consider reviewing the current visiting arrangements, making them more flexible for residents/relatives.

## Other issues

### **Access to dentistry services**

All seven homes that we visited were having some issues with access to dentistry services for their residents. Issues included: finding an NHS dentist; getting an appointment with a dentist; residents not wanting to wear dentures and dentures going missing. This was not included in the recommendations for each individual home as it is predominantly a generic issue which affects the population at large, not completely within the control of the individual Care Home.

### **Access to the Patient Transport Service**

In our discussions we found some variation between residents being able to access the Patient Transport Service (administered by North West Ambulance Service) to enable residents to attend health appointments. Sometimes the Patient Transport Service was not available, meaning staff had to book taxis or rely on a resident's friend/family member to take them to an appointment.

## Next steps

- Healthwatch Salford Enter and View policy and supporting documentation to be updated.
- To share the documentation, eg training materials, with other Healthwatch so that they can benefit from them.
- To continue the relationship with the Care Home Quality Assurance Manager to improve 2-way communication.
- To prepare volunteers for future Enter and View projects.
- To circulate this Summary Report widely.



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