

The Lyndhurst
Residential Home
Enter and View Report
October 2024

Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough. We are here to listen to local people's experiences of using health and social care services and we use those experiences to help improve services locally and nationally.

About Enter and View

Healthwatch Rochdale is part of the Healthwatch network which was established by the Health and Social Care Act 2012, with the right to 'Enter and View' places that deliver health and care. The right to 'Enter and View' is a statutory power for Healthwatch.

The objective of an 'Enter and View' visit is to understand the experiences of residents, collect their views and make observations of the site.

As part of an Enter and View visit Healthwatch Rochdale:

- Collect the views and lived experiences of people at the point of service delivery (users, carers and relatives).
- Observe the nature and quality of services being delivered.
- Write up a report which may include recommendations or praise for good practice.
- Share findings and reports with providers, regulators, local authority, NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners.
- Use insights and recommendations to shape health and care decisions that are being made locally.

Our Enter and View policy is available to view at

<https://healthwatchrochdale.org.uk/news/2023-01-18/our-policies>

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

http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank The Lyndhurst Residential 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 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 residents and service users 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	120 Manchester Old Road, Middleton, Manchester M24 4DY
Service Provider	Dr B A Odedra (owner)
Type of service	Privately Owned, Registered Care home for a maximum of 41 residents
Date & time of Enter & View visit	Monday, 16 th October 2024 10.30 am to 1.30pm
Authorised Enter and View Representatives	Naomi Burke Rosemary Nunwick Karen Kelland Terry Rich Mathew Scott

Care Quality Commission (CQC) rating.

The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The CQC publishes its findings, including performance ratings to help people choose care.

At the time of the Enter and View visit it was noted that the Lyndhurst Residential home was re-registered with CQC on 14 September 2023 under new ownership – but has not yet received an inspection and rating.

Visit Background and Purpose

Background

The Lyndhurst Residential Home is a registered care home for up to 41 service users aged 65+ situated in the Middleton area. The home offers residential care (without nursing) in 39 single rooms and one couple/companion room provided over its two floors.

Healthwatch Rochdale initially planned to visit in August 2024, but on the day of the visit, 30TH August 2024, the home stated it had not been notified as it had new contact details and a new manager alongside being short staffed on that day. We rearranged and visited The Lyndhurst Care Home on Wednesday 16th October 2024 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 by letter and by email. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

Healthwatch Rochdale previously visited this setting in 2019, under the old management and you can view the report here <https://www.healthwatchrochdale.org.uk/report/2020-01-16/healthwatch-rochdale-publishes-findings-and-recommendations-after-enter-and-view>



Methodology

The Enter and View team undertook observations round the home and asked pre-prepared questions of the residents, relatives and staff who were present during the visit.

- Spoke with the Deputy Manager
- Spoke with four caring staff members and the Activities Co-ordinator
- Spoke with six residents and four family members visiting relatives
- Observed areas of the home.

The questionnaires and observations were based on nine care quality indicators developed by the national charity, Independent Age. These were:

- 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.

Copies of the questionnaires used on the Enter and View visit were left with the manager for staff and family members who were not present during the visit to complete and return via FREEPOST to Healthwatch Rochdale.

The Representatives advised that Healthwatch Rochdale would send a report with recommendations which require a response within twenty working days in line with the following legislation.

<http://www.legislation.gov.uk/ukxi/2012/3094/regulation/44/made>



Art display at the Lyndhurst



Reception area with Healthwatch notices



Results of the visit

A good care home should:

1. Have strong, visible management.

Resident's feedback

When residents were asked whether they knew the manager of the home and what they thought about them the replies conveyed a confused picture. Three of the residents said no they did not know the manager and one resident said they had *"only seen them...doesn't know them... see the main manager very much"*. One resident said *"yes, knows him by sight"* and asked what they thought about them replied *"doesn't come in often, but if he does he listens."* (here we would like to note that the Manager is female) Whereas three of the residents said, *"she's alright"* and another resident replying she is *"very good if you have a problem."*

Friends and Family feedback

When relatives were asked if they know the manager of the home and what they think about the manager all the relatives said they knew the manager, but they seemed to have different experiences and engagement with the manager; one said *"yes, very helpful"*, one said *"yes, they smile etc"* and another said *"yes...don't really see them."*

Deputy Manager feedback

The deputy Manager has been in post for 18 months and has been working in Middleton at the Lyndhurst home for 8 months. She has an extensive background of working as both a care worker and senior care worker before being appointed as a deputy manager.

Staff feedback

All the staff spoke to said the management of the home are supportive with one saying *"yes listens, talks and is understanding"* and others making specific individual references to being supported with working arrangements, training, any funds, and events, and one saying they felt the manager: *"backs up 100%"*. The staff agreed that they find it easy to talk with management, to ask a question and raise issues. One staff member said that they had a *"good relationship, easy to go and talk to and raise issues"* another saying the management are *"approachable, understanding and help guide"* and a third saying that a manager is *"easy to talk to her, 100%, feels listened to"*.

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

Residents Feedback

When Residents were asked what they thought about the staff and if the staff have time to stop and chat, some residents replied that the staff took time to chat with them, with one of the residents adding *"yes, everyone nice and helpful"* and another saying *"if you want to they will..."* They spoke positively about the staff and also said, *"night staff brilliant. Check you're Ok."*

Friends and Family feedback

Relatives were asked if the staff have the time and skills to care for your friend/relative and received and slightly mixed responses, with relatives saying:

- *not always*
- *staff are good and always talk.... don't seem to do a lot of 1 to 1 type of things*
- *sometimes*
- *Always helpful and doing things when I visit*
- *the staff are very kind with the residents when I visit*

Deputy Manager feedback

The management ensure that sufficient staff ratios are on the three shifts that are operated by the home each day, which is five staff in the morning and afternoon and three each night. If there are any staff absences, they are responsible for arranging alternative, suitable cover. Since the home was purchased by the owner, staff are employed to cover a range of shifts including 8 am to 8 pm, 8 am to 2pm, 2 pm to 10 pm and night shifts of 10 pm to 8 am. Reference was also made around elements of flexi working and for TUPE staff (as new management) having a set rota which were part of their employment conditions with their previous employer. The home has no apprentices at present.

It was confirmed that 80% of the current residents are diagnosed as having dementia. It was stated that long term employed staff are all trained and experienced in working with all residents, including those who have dementia. However, it was highlighted that an advanced dementia course is to be offered soon. They are committed to ensuring all new staff complete an online care certificate and have established an arrangement with Oldham College to support the staff training programme in the home. All staff can access a wide range of mandatory training alongside e-learning online also, with new areas being added and developed all the time and based on the needs of the home.

Staff feedback

When asked how they are encouraged to develop their skills and to provide examples of the training, all staff talked about the mandatory training they were required to undertake and listed a wide range of in-house training and online e-learning they have completed, e.g. food handling and safety, hygiene, infection control, personal care, and catheter training.

All of them talked positively about the encouragement they received to undertake training and develop their skills, with one saying she is presently waiting to undertake her level 2 qualification training.

- One of the staff members referred to the induction training in the home.
- Another member of the staff said they had participated in dementia training, but others said they had yet to complete this training.
- One of the staff said they had not yet had first aider and fire training, despite being there some time.
- One of the staff members also referred to the risk analysis that is undertaken in rooms.

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

Residents' Feedback

All the residents who spoke with the Enter and View representatives agreed that the staff know what they need and what they like and do not like.

Friends and Family feedback

Relatives were asked: "Does the home notice and respond when your friend/relatives needs change, and how do they let you know about these changes?" The representatives received the following replies:

- *Sometimes, for example if had a fall, they ring*
- *I think so – when I come, I chat with staff and they have rung me before*
- *Not bad*

Deputy Manager feedback

When asked how they ensure that staff get to know a resident's life history, personality and health care needs, the deputy manager said they communicate with residents and "assess all the time." If the residents cannot communicate, they will talk with relatives to obtain their history, likes and dislikes and health care needs. A lot of information is collected, and they ensure it is all recorded and

updated regularly into their individual care plans for each resident. The home maintains and operates digital tablets through which all staff can access the care plan and residents' needs which has proven helpful for new staff. A monthly review of the care plans also takes place.

The deputy manager shared a new visual document about choices, likes and dislikes with hands showing thumbs up and down which the management are hoping to roll out and use in the home. It was observed, by the representative, that all the hands were white, and on checking no other choice within the image bank and enquired if it is technically feasible to have more of a mixture of colours for the hands to represent the wider Middleton, Heywood and Rochdale community, the deputy manager said she would raise this and look into further.

Information is shared with staff through team meetings. The team meetings are generally ad hoc, but staff can get additionally paid to attend team meetings if they are mandatory and out of their working rota. In addition, staff are kept informed about resident's tastes and their health and care needs at handover meetings at the start of every shift alongside updating the care plan.

Staff feedback

When asked about how they get to know resident's life history, health and care needs when the residents first arrive at the home, they all referred to being kept informed about new admissions to the home and reading/accessing (senior) care plan/documents through the tablet and computer. One staff member referred to medical files in the room and another talked about the information being shared through the 1 to 1 supervision session. All the staff listed a range of the information shared with them, e.g. preferences (including food), likes/dislikes, allergies, and the care analysis. Two of the staff also said they take the time to talk with the residents and their family to get to know them better.

When asked about how information about residents' tastes and their health and care needs is updated, and how they know about these changes; the staff all made mention of the information sharing that takes place at the handover sessions at the beginning of their shift. They also said that any changes are logged on the residents' care plans and files, which two staff said is updated at least monthly and more often if needed.

4. Offer a varied programme of activities.

Resident's feedback

Residents were asked about what activities there are in the home for them they said:

- ☛ *Just like to watch*
- ☛ *Making things*
- ☛ *Not much to do*
- ☛ *Yes, but don't like doing them*
- ☛ *Not a lot*
- ☛ *Not a lot. Need more exercise. Class today is just happening*
- ☛ *Would like to see more activities*

When asked if they still do things they enjoyed before they came in the home, one resident said yes, and another said they *"were a walker and in a group."*

With respect to the question asking if they go on trips to different places, three of the residents said no and two others said:

- ☛ *Prefers to stay inside. Although could go out, prefers to stay in and observe*
- ☛ *Only with family*

Friends and Family feedback

Friends and relatives were asked whether their family members could do what they did before while residents in the home and they all replied no, with one adding no because of their mobility and age. When they were asked what they think of the activities inside and outside the home, they responded by saying:

- ☛ *They don't really want to do anything. Don't think they go out*
- ☛ *OK*
- ☛ *Don't know what they do*
- ☛ *Really good*

One family member said yes to a family member being encouraged to join in activities, with others saying

- ☛ *Sometimes they are encouraged and supported*
- ☛ *I think so, but doesn't really want to*

Upon enquiring what activities, they would like to see in the home two family members said:

- ☛ *more music-based activities*
- ☛ *more family events. Coffee mornings*

Deputy Manager and Activities Co-ordinator feedback

An Activities Co-ordinator is employed by the home, with the current post holder new to the role. To develop the Activities Co-ordinators skills, she has been enlisted onto an accredited course at the Oldham College, and a meeting is planned to discuss this further.

An activities board is available in the home on which they advertise the weekly



Lounge

events planned and staff did mention that they know roughly the activities for the month ahead, the board is helpful for the residents, and they also retain a photo album of activities. The deputy referred to a range of activities they provide, that involve both the carers and the Activities Co-ordinator, e.g. bingo-in both the home and outings as a group, shopping in Middleton, and undertaking themed activities, e.g. for the 80th D day anniversary staff dressed up, they arranged a parade out front, went to the cenotaph at St Leonards and were entertained by their guest

singers dressed in uniforms. Each year the local Cenotaph Remembrance parade passes the home and residents can sit out as it passes. They are planning for a brass band to entertain the residents at Christmas and are presently doing "Autumn themed" activities with colouring, painting and collage.

They confirmed that they ask residents if there is anything they want to do and what they would like as activities in the home and have a suggestion box although they had not had anything as yet from this source.

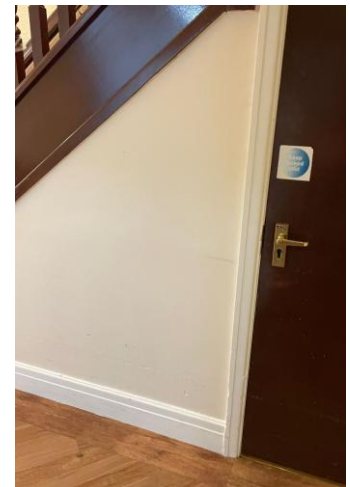
When asked about the encouragement and assistance given to residents to take part in activities it was acknowledged that there are “*some residents we know will not do anything*” but they always try to encourage all residents to join in. For those residents who do not want to immediately join in when programmed activities are taking place, they leave out art facilities, maintain books on a bookshelf and a daily Metro newspaper is brought in by staff.

They stated a commitment to develop new and varied activities within the home and that they endeavour to learn from activities taking place in other settings and are always trying new things. For instance, discussion highlighted the fact they are looking at making memory activities and/or books. They also have good community links with lots of support, for instance the links with a local nursery. In addition, as some of the activities for residents need funding, a summer fair was held to raise additional funds to use for activities they are providing in the home.

The Lyndhurst newsletter is a new initiative set up for better communication and also to showcase what goes on in the home. The Newsletter highlights 2024 events e.g. Valentine’s Day, Mother’s Day, 80 years D Day anniversary, and a summer party, refers to what’s next with general information but no forthcoming planned activities. It included a letter from a consultant specifically praising the Activities Co-ordinator after staying with a nervous resident, calming and relaxing her and then thanking all families and friends for their support.

Staff feedback

Staff members spoke positively about the range of activities provided within the home for the residents and between them listed: baking, bingo, shopping, TV, movie nights/films, visits to the park, yoga, armchair exercises, singers, games, quizzes, dances, gardening (when the weather permits), newspaper deliveries, jigsaws, colouring, arts and crafts, doing hair and nails, as well as seasonal activities like Halloween (with decorations). Mention was made by one staff member of the summer fair and another said that family members join some of the activities.



Dementia-friendly decor



Halloween decorations

Staff say they make efforts to motivate and encourage all residents to take part in activities, some do join in, but some residents do not like to participate. They chat with them to ask what people want to do and try to tailor things to suit different individuals tastes, likes and dislikes. However, it is not always successful encouraging and supporting some of the residents to join in the planned activities offered by the home.

Observations

During the visit three residents were observed making pineapple cake and a gentleman doing a yoga session (*a view was expressed by an observer that the person running the yoga session was excellent, showing a good attitude and approach to the resident/s*). A TV was available, which when questioned about staff said was set up with sky, Netflix and Disney, and during the visit was showing the news, but it was observed no one was really watching it. A Metro newspaper was available to read in a lounge and situated in the middle lounge was a bookcase filled with a range of books. Games were also noted on the bottom shelf, which were not very visible, and it was observed that they did not appear to be accessible for residents.

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

Residents' feedback

When the residents were asked what they thought about the food, the views expressed included:

- *In the main quite good*
- *Very good. Excellent*
- *Nice*
- *Alright, always eatable*
- *Good*
- *Absolutely nothing wrong with this place (including the food)*

All the residents were of the view that there is enough choice to eat, with several adding:

- *Yes, dinners are great*
- *Yes, and chef will make something special*
- *Choice of two*

When the residents were also asked if they can have food and drinks at any time the majority said yes, with a few adding *"if you ask"* and one particularly referring

to getting *“tea and biscuit.”* When responding to the question about what is good about mealtimes, they said:

- *Have own seats and get to know each other*
- *All happy*
- *It's alright*
- *Ready-made (cooked meals)*

Four of the residents could think of nothing that could improve the mealtimes and a further two said:

- *They do their best*
- *Some folks will complain about anything, but take it from me, it's good here*

Friends and Family feedback

When relatives were asked what they think about the quality and choice of food, they said:

- *OK*
- *Very good. Brilliant cooks, with lovely, varied food and choices*
- *No menus for us to see what had, but (resident) never complains and looks good what we see.*
- *Good. Can have a brew anytime and seems nice selection. Today it smelt very good.*

In addition, they felt their relatives are supported to eat and drink, with one person saying they were *“very confident.”* Two of the four relatives who spoke with the representatives said *“no, can't eat with their relative when visiting”*, one said *“the mealtimes are protected”*, although they *“think at Christmas you can”* and a fourth relative said *“I have a drink and biscuit when I visit”*

Deputy Manager feedback

The deputy stated the home have protected mealtimes and offer a diverse menu to their residents, which is reviewed weekly. The mealtimes are 8 am to 10.30 am for breakfast, 12.30 pm for lunch and 4.30 pm for tea. They offer a winter and summer menu and a choice of food each day. All cooking staff and senior staff have the requisite food hygiene and food allergy qualifications. They ensure they take account of any residents' allergies, and it was noted that they do not have any gluten free residents, Halal or anyone needing nursing feeding care in the home although thickeners etc are also noted.

Trolleys with drinks are available in the lounges. Jugs are made available in the resident rooms and lounges and replaced twice a day and marked with the date and the contents. Residents generally eat in the three lounges. However, they could eat in their bedrooms if they had not got any specific needs.

Relatives are not restricted, and friends and family are welcome to request lunch when visiting. We were informed that at Christmas some of the residents go out for their Christmas dinner and that there is an open invitation for staff and residents to have their dinner in the home for no charge.

Staff feedback

The staff expressed the view that the quality and choice of food is good. One of the staff mentioned a four-week menu rota, with another staff member referring to Fish Friday and Sunday dinner. Two of the staff said there was lots of options for breakfast and three of the staff said there is two main choices for lunch, with one of them saying they try to be flexible in accommodating residents needs and another highlighting they cater for anyone does not want certain food that is on the menu. One of the staff members confirmed that if residents are hungry outside mealtimes *"they can have something."*

Staff members talked about their efforts to make the mealtimes more sociable by having residents sitting round the table together (with one of them mentioning that they are *"careful who sits with where"* and modify seating arrangements *"to suit residents"*). Although it was reaffirmed that residents can stay in their room to eat if they wish. Music is played around mealtimes and the staff sit and chat with the residents and encourage them to socialise.

Two of the staff said there is also a *"drink station/hydration table"* and they provide regular cups of tea and coffee.

Observations

It was observed that there were different jugs for different drinks the yellow jugs contained orange juice, blue contained blackcurrant juice, the dining tables had clear jugs with water. There were trolleys with hot, handheld canteen style flasks on trolleys also.

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

Residents' feedback

There were slightly differing experiences and awareness when the residents were asked if they had recently seen a health professional and whether the doctor visits them in the home. Three of the residents said the GP visits them at the home, and two adding *"yes, one on call"* and *"not regularly"*. Whereas two residents did not make any reference to a doctor visiting the home when asked and one resident said a doctor did not visit the home.

Three of the residents spoken to were recently taken to visit a dentist and four said they had seen an optician (one saying that an optician had come into the home the day before we visited). One resident had seen an audiologist. three residents had recently seen a podiatrist, with one saying they did not know how often they saw the podiatrist and another referring to having to pay for the podiatrist service. Three of the residents said that although they had not seen a dietician, staff in the home regularly weighed and monitored them.

When asked about what happens if they have an appointment at the hospital or at the doctor's three said family members would take them, one said, *"a carer comes"* and 1 said *"family or staff member"*.

Friends and Family feedback

When relatives were asked if a dentist and an optician come to see their relatives and whether they receive any other services they replied:

- *As far as we know, regularly*
- *Not sure*
- *Maybe*
- *Not a dentist but has feet done and has had other NHS people visiting*

Deputy Manager and staff feedback

There is a GP practice across the road and district nurses regularly visit and all new residents are reviewed when they are admitted to the home and both district nurses and physio nurses visit the home and regularly are in contact over the phone also.

Staff in the home have had oral health training and each resident has an oral care plan and information about oral related matters are updated daily.

A dentist does not visit the home, but there is a community dentist, who asks that residents are taken to them, which the home accommodates if needed.

A podiatrist visits the home every six weeks and charges residents for the service, Opticians also regularly visit the home. The home also receives support for diabetic screening from Alkrington clinic.

7. Accommodate residents personal, cultural and lifestyle needs.

Residents' feedback

When residents were asked if there was respect for their religion or culture in the home, residents did not raise any issues, with one resident stating *"no. not a church goer,"* However, three residents commented on the fact that they had rarely or never seen a religious person (e.g. vicar) by saying:

- *Not very often*
- *Nobody comes in*
- *Never sees anyone*

Upon being asked if they can have their hair and nails done, most residents confirmed they get their hair done by a hairdresser.

With respect to a question about whether the laundry get their own clothes back to them, three residents said yes, and one said, *"more often than not"* and another *"sometimes"*. Regarding a question about who buys their clothes, two of the residents said their family would buy them, and two responded by saying *"staff members take me shopping"* and *"carers take me"*.

Friends and Family feedback

One relative responded to the question on whether their relative have specific lifestyle, religious or cultural needs and are they met by saying none and another said:

- *Used to go to church (Christian) but doesn't really bother now. Don't know if there is anything at Lyndhurst*

When asked if their relative gets their hair cut and styled all relatives spoken to responded by saying yes and adding:

- *Yes, by hairdresser, frequently*
- *She pays extra and has hair done by a hairdresser who comes in a lot*
- *Yes, by a hairdresser... pays for this*

and if they are always clean and appropriately dressed relatives responded by saying yes and 2 adding:

- *Yes. Always. Clean. Clothes are labelled. Clean and always theirs*
- *Yes, always has nice clothes on, ironed etc.... Never got dirty blouses.*

Deputy Manager feedback

The current demographic within the home did not have extensive cultural requirements and there have not been any residents with any additional cultural and lifestyle needs for some time.

One resident goes to church with their family regularly. A priest comes in the home from time to time, but there is not currently any regular attendance. When questioned around Bibles in the home or other religious books, the Deputy said that they do not have out on display although residents are welcome to have them, or if they needed access, they would source these. However, it was noted that significant occasions are respected, such as the King's Coronation, the Queen's funeral and holding a minute's silence on Remembrance Day etc.

A hairdresser comes into the home once every two weeks, and this is an additional charge for residents and mention was made of beauty sessions by staff when they do residents nails etc. With respect to the residents' personal care, representatives were advised that the residents currently had "mostly independent residents." But the staff do check and make sure they are clean and appropriately dressed. The staff also assist where needed and all residents are supported with showers to ensure they are safe etc.

Laundry is carried out within the home, for which there is a laundry rota, and families are asked to ensure the clothes are fully labelled. All residents choose what they want to wear each day. Staff are responsible for making sure dirty clothes are removed from bedrooms and they are washed in non-bio products, on a sensitive wash. Then staff take a basket of clothes at the end of the day and are responsible for putting away the clothes in residents' rooms.

Observation

On the visit, representatives observed that residents appeared well groomed, dressed appropriately and clean with neat, combed hair.

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

Residents' feedback

When the residents were asked "Are you asked about the home and if you are happy?" Four residents replied no. However, when they were asked if they are listened to and feel safe, five of the residents replied yes, with one saying they felt *"very safe"* and one resident adding *"yes, they feel listened to and feel free to talk to staff."*

Upon being asked if they want to make a complaint about the home, how would they do so, one resident said *"I don't have anything to complain about"* with other residents replying by saying they would:

- *Go to the office*
- *Go to the management office*
- *See Rachel – the manager*

When residents were asked what they would change about the home, three of the residents said "nothing" and one resident replied, *"not anything"* although the same resident went on to say they get fed up with lots of people sleeping and that they read in bed.

Friends and Family feedback

Family members said that they feel welcome as visitors in the home and one relative expressed the view that their relative *"seems happy and content"* and another said *"they are happy here."* With respect to having a say in how the home is run or give feedback, one of the relatives said they would *"say if not liking something"* and if they wish to complain relatives responded by saying they would:

- *Talk to them*
- *Go to the manager. If it is not convenient, for instance they are not in the home, they would speak to a member of staff*
- *Tell the manager (or someone on duty in the office)*
- *Knock on the office and, CQC, (if necessary)*

Deputy Manager feedback

When the deputy manager was asked in what ways do residents, and their family and staff have a say in how the home was run. she said meetings are held with family and friends and they operate an open-door policy for everyone who wishes to speak with management and raise any issues or concerns. A box is also kept at the entrance for residents, friends, relatives and staff to share any comments they have about the home. (We initially couldn't see the box, but located it on leaving – it was small with no label or poster indicating what it was.)

It was highlighted that they meet and review care plans with family members and log any conversations that take place on residents file and also ensure they add any complaints to the file. The senior care staff also have a book to add additional things in or to ensure handed over information is relayed at change of shift.

Staff feedback

When they were asked: ***“Do you have a say in how the home is run”*** staff said they had a chance to share views and voice concerns in staff meetings.

Two of the staff referred to 1 to 1 meetings, with one saying she has a good relationship with the senior, one said they could go talk to the manager if need to, and another talked about working closely with management to carry out her role effectively to support the residents within staff rota's.

With respect to the question of whether the residents, family and friends have a say in how the home is run, staff said yes and said one said they tell staff directly and another spoke about reporting any concerns to the senior and the suggestion box.

When asked about things that would make the job easier and what would make things better for the residents, staff talked passionately about how they loved their jobs and one staff member said ***“it was a good job and they were like a family”***. However, all staff expressed the view that residents would benefit from more individual attention and staff having more time (and additional staff resources) to sit down and interact with the residents.

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

Residents' feedback

Most of the residents spoke to during the visit said yes to the question asked about the cleanliness and tidiness of the home one saying it is ***“very tidy and clean”*** others saying it is ***“good”*** and ***“very good.”***

When they were asked if they were ever too cold or too warm the residents responded by saying, it is:

- ***Lovely as is***
- ***No, warm in bed (added got a nice room. Asks for a shower – needs help. Can wash herself at sink)***
- ***No, just right***
- ***No***

Friends and Family feedback

When asked is the home well maintained, well decorated and clean and tidy and the responses were positive including:

- *Yes. Really clean and tidy. Sometimes there is clutter from equipment, and it is not long since it was decorated*
- *Yes, very clean and tidy. I always say there is good team doing this. It's tidy, nice furniture*

When asked how the temperature in the home is for residents' family members replied

- *Warm*
- *Very hot today, but normally ok and can have a fan*
- *Ok*
- *Hot*

Deputy Manager feedback

The home has recently been redecorated by external painters, and plans are in place to establish a redecorating programme. The deputy said the home has been painted in neutral colours for the residents with dementia, bedrooms are also personalised to each individual resident's taste, and they can bring in their own personal furniture. To support the regular maintenance of the building and equipment the home employs an electrician, plumber and a handy man.

To ensure that a comfortable temperature is maintained in residents' rooms and communal areas the home has thermostats around the building, with a safety feature where the deputy/management can manually adjust the temperature. In addition, brand new pat tested fans (purchased September 2024) in rooms.

The home employs a housekeeping team (of five or six on a rota) who are assigned regular routines of cleaning within the home and regular audits (tick lists) are undertaken to ensure the cleaning, hygiene and standards are maintained. There is also regular Interaction with both the cleaning and care staff every day, through which they can bring any matters to the attention of the management and raise any issues. The housekeeping team also undertake mandatory training.

Observations

Location. The home is situated on the main road with clear signage at the front and a small car park. Although situated on a main road it was noted that the traffic cannot be heard when in the home. A GP practice is across the road and a nursery next door, and the Enter and View



Clock

Representatives were informed children come in to visit the residents in the home. A designated smoking area for staff and residents was noted at the main gate, there is a carpark that staff and visitors can park on, and there are bus stops right outside with a regular bus timetable passing.

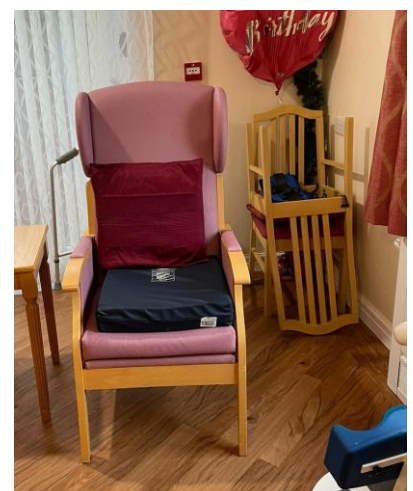
The residential area is to the back of the building, with a CCTV to the front of the entrance and easy access for visitors by ringing a doorbell with a camera buzz-in system, and a key fob access for the staff. The front door also had notice boards, including a Healthwatch poster asking for feedback about the home to be shared with us.

On arrival. There was a 10-minute wait in the foyer when the Enter and View representatives first arrived after they were asked to sign in, first impressions of the home are that it was homely, welcoming, pleasantly decorated and furnished.

In the main hall, it was observed that the hallway was decorated for Hallowe'en, with bats, masks, cobwebs etc. We observed one resident saying she was scared of them. An Enter and View representative questioned the use of things like this for residents with dementia and if this was appropriate. Within the main hallway was also a number of policies and procedures on display and certifications.

Health and safety. There were clocks on display throughout the home on the walls. The hand sanitisers were filled. The home was very clean, and very good health and safety arrangements around the cleaning were observed. Although there was a slight smell it was identified as a cooking smell. The staff were all in uniform, friendly and appeared happy while undertaking their duties.

On the day of the visit some walking frames were situated in the hallway when the residents were in the lounge additionally in one lounge there were chairs piled on top



Safety concern: chair stack

of each other with the legs sticking up, this was raised as a potential risk

Fire safety equipment was in place, although it was observed that a fire alarm button had the front flipped up and when the deputy was advised of this, she reassured us that they will all be checked in the afternoon after the representatives left.

Security. All external doors were kept locked and posters up in frames reminding visitors to ensure doors locked and no residents following them out of the building.

Adapted facilities. The corridors and toilets were wide enough to accommodate both wheelchairs and walking frames. Suitable adapted toilets were in easy reach of the residents, in which there are suitable aids and blue seats for the toilets and grab rails, all toilets were clean and well stocked. Floors are lino and laminate wood effect and floors contrast with walls and furniture. The representatives were informed that there used to be a busy décor and carpets, but the home had been recently redecorated. It was noted the home was warm on the day of the visit. There is a lift and a staircase to allow movement between the floors. On the day of the visit, we did not observe any of the bedrooms or the upper floor of the home.

Layout. The office is to the front of the building and Enter and View Representatives observed staff, residents and outside teams (Nurse and Occupational therapist) interacting with the deputy within the office, and the main kitchen for the home is near the entrance, in which observed all the staff wearing appropriate aprons and gloves.

The home has three lounges, with a smaller lounge near the office. The walls in the lounges appeared to be blank and neutral and was thought could benefit from pictures or another form of stimuli. The chairs were all similar, but with various cushions or seating aids on them, there was a lack of personalisation within the lounges although clean, nicely decorated and with even flooring.



Dining room

The home used to have six storage rooms but five have been made into bedrooms, so they now only have one.

The lunch was served at 12.30 pm in the dining areas. The chairs were wooden with wipeable seats and arm rests with legs that ensured they were stable and not tip over, but it was observed that four of the chairs were wobbly alongside one



Hazard: table edging hanging off

which was broken, chairs were grouped around rectangular or round tables arranged in groups of four or six and a radio was playing. There were two rectangular tables that had noticeable damage. The finishing edging was hanging off and this was a hazard to older people as sharp) A seating plan was observed on the wall with residents' names on. When staff were questioned on the seating arrangements, they said that residents who can eat independently were seated in the smaller rectangular room, and that they were seated as to their individual needs. Also observed a residents tea trolley with a variety of personalised and adapted cups.

During the visit a safety issue in the dining area was noted and reported, where a large and extremely hot Bain Marie (large electrical device used to keep food warm) was seen with no clear signage or visible way of stopping people touching or leaning on it. When this concern was reported the representatives were advised there was a sign, but it may have fell and that issue would be prioritised for attention.

There was no visible menu board on display. However, staff said they ask residents what they want, and that liquidised and soft meals are provided to meet individual resident needs. However, the kitchen staff said none of the current residents require halal or gluten free food. When the lack of a menu was questioned, we were informed that new kitchen staff had been employed and said menus had recently been reviewed. It was confirmed that they do have small frames in the dining areas in which they usually display weekly menus, and they will action this recommendation as soon as possible.



Hazard: Bain Marie with no hazard notice

Dining room observations. An Enter and View representative entered the dining area at 11.17 am and saw a spoon on the floor, and the floor had visibly not been

swept after breakfast, some tables with crumbs or food on them and another spoon which had breakfast on it.

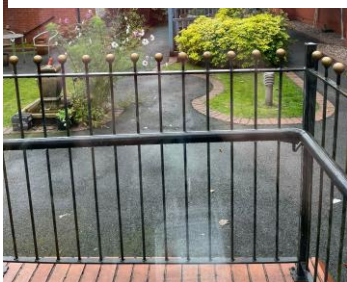
However, housekeeping staff were also observed cleaning all three lounges whilst the residents were having lunch, taking care to mop the areas, empty bins, wipe down the chairs, sanitise and restock tissues etc, the Enter and View Representatives were very impressed with the efficiency of this team.



Cleaning the dining room

During the visit it was noted that the housekeeping staff followed and observed good health and safety standards and were friendly and talkative and had a good interaction with the residents also who were familiar with them.

There is also a small garden, which is described more of a "Courtyard" accessed through ground floor patio doors, with a ramp and rail allowing access for residents, relatives and friends. The ramp had green moss on it and a number of fallen leaves, this could potentially be a risk to residents. There was seats and tables in the area, but on the day of the visit it was cold and wet, and this area was not observed in use.



Garden view

Around the Home we observed digital tablets and mobile phones on charge, and the leads were not a trip or fall hazard.

The building had a potential damp risk as we noticed faulty drainpipes to the front of the home, which had created green moss externally.

Positive highlights of the visit

- ✓ Good staff team who seemed caring and compassionate ('like a family')
- ✓ The staff team were welcoming, friendly and accommodating
- ✓ Residents all praised the care staff
- ✓ High praise for new management by the staff
- ✓ Home was well maintained, clean and accessible

Recommendations

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

1.	<p>Safety issues notified on the day of visit. On the day of the visit, there were two safety issues raised for immediate action:</p> <ul style="list-style-type: none"> • There was an extremely hot Bain Marie with unclear signage and no visible way of stopping people touching or leaning on it, and • A fire alarm button that had the front flipped up. <p>Confirmation is needed that action has been taken to address the safety concerns in relation to both these matters.</p>
2.	<p>Visible menu board. Recommend the home provides a suitable visible menu board, with the day/weekly menu choices, with images and photos to assist residents with dementia to recognise what is planned.</p>
3.	<p>Positive praise/gratitude board It is important to highlight the positive work of the home and staff team. It is recommended that a noticeboard is created to show evidence of positive praise, gratitude and acknowledged good work of the home, all in one accessible place. This should be regularly reviewed and updated.</p>
4.	<p>Spiritual Connection. It is recommended that a spiritual connection is established within the home for residents e.g. a connection with a local church and or lay person.</p>
5.	<p>Up to date training. It is recommended that the home further strengthens the training offered to staff as a priority, particularly in relation to dementia, with all staff also being trained in fire safety and relevant staff in first aid.</p>
6.	<p>Activities programme: As residents commented <i>“they would like to see more activities”</i> it is recommended that the home continues to review, strengthen and fund the activities programme. To ensure there are suitable activities for residents each day in the home which are advertised on the activities’ board ‘what’s on this week/month.’ For example, introduce more tailored dementia-friendly activities such as memory boxes and music therapy and connect more widely with local community groups or schools (e.g. choirs).</p>
7.	<p>Clutter free environment. Given the reduction in storage space in the home and observations on the day of the review, it is recommended the home identifies suitable space that can be utilised as additional storage space and create a more clutter free environment.</p>

8.	Dementia friendly review. To review the home’s equipment, environment and staff training so that the home is adapted to meet the needs of residents with dementia. To be done in line with good practice guidance.
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Response from the Provider

Below the response received from

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