



Meadow View Care Home
Castleton, Rochdale
Enter and View Report

September 2024

Introduction

About Healthwatch

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 Meadow View 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	1072 Manchester Road, Castleton, Manchester OL11 2XJ (Rear)
Service Provider	East And West Healthcare Limited
Type of service	Privately Owned, Registered Care Home for a maximum of 39 residents
Date & time of Enter & View visit	Monday 23 rd September 2024 10 am to 12.30pm
Authorised Enter and View Representatives	Naomi Burke Karen Kelland Rosemary Nunwick Margaret Parker Anne Taylor

Care Quality Commission rating.

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

At the time of the Enter and View visit The Meadow View Care Home was rated as: **Requires Improvement** after a visit in February 2019. The ratings identified that although the Care, Caring and Responsiveness areas were rated as good, the inspection areas of 'Safe' and 'Well Led' were rated as requires improvement. However, it was noted that there was no registered manager in place at the time of the CQC inspection. To read this inspection report please visit

<https://www.cqc.org.uk/location/1-137357835>

Visit Background and Purpose

Background

Meadow View Residential Home is a purpose-built registered care home for up to 40 service users, with single room accommodation over two floors situated in the Castleton area of Rochdale. The listed categories of care support that the home can accommodate includes older persons (65+), Dementia, Eating Disorders, Learning Disabilities, and Respite Care. The Home was identified for a visit as it was noted that Meadow View now has a registered manager and there have been improvements since the CQC visit, particularly around dementia Care.

Healthwatch Rochdale visited The Meadow Care Home on Monday 23rd September 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.



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.

On the visit we were met by a Senior Care Worker, who alongside another senior Care Worker based on the second floor of the home, were the senior staff on duty in the home as the Manager was at a funeral and ~~the Deputy Manager~~ other senior staff were not on duty. After checking the situation, the Enter and View Visit went ahead, and staff were notified of our arrival. The visit started with a pre-meeting with the two senior care workers to outline in more detail about the purpose and approach to the visit.

- Spoke with the Senior Care Worker who agreed to take the lead on responding to the specific management questions about the home.
- Spoke with five staff members, including the activities co-ordinator.
- Spoke with nine residents (including two residents with advanced dementia) and family members visiting a relative.
- Observed areas of the home.

The manager arrived nearing the end of the visit and was offered a separate interview at a time that was more suitable for her. However, she declined and expressed confidence in the Senior managers and staff representing the home.

Nevertheless, there was the opportunity to talk informally with the manager about some of the operations in 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 Enter and View 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>



Results of the visit

A good care home should:

1. Have strong, visible management.

Residents' feedback

When residents were asked whether they knew the manager of the home and what they thought about her one resident said she did not know the manager, whereas the other residents spoke positively about the manager and said:

- *She's great*
- *She's fine*
- *She's very good (x2)*

- ☛ *Very Friendly and comes to talk with me*

Friends and Family feedback

When relatives were asked if they know the manager of the home and what they think about the manager they spoke highly about the interactions with the manager and said the manager was:

- ☛ *Very Friendly and helpful.*
- ☛ *Goes above and beyond to explain everything, love the open-door policy*

Staff feedback

When the staff were asked about the manager the response was slightly more mixed. Overall, most staff said the manager was approachable and friendly. One staff member commented they felt supported- however several felt the support could be better and at two staff members expressed the view that they do not feel appreciated or paid enough by the care homeowners for the responsibilities and work they undertake. One staff member expressed they were not confident about how confidential conversations are with the manager. Several of the staff expressed the view that she does not act on concerns and issues raised with them, various examples were provided were of both a personal nature and about the residents. A couple of the staff shared a view that there are insufficient budgets for the home and concerns about the delays in getting equipment repaired. A personal view from a staff member was also expressed that there is a noticeable difference between the two units and how engaging they are with the residents, with the opinion staff are not as engaged in the residential care unit on the ground floor. Further mixed comments from staff included:

- ☛ *Feel support could be better (comment redacted upon Manager request)*
- ☛ *Approachable, but doesn't take action on issues*
- ☛ *Reports issues/concerns but the manager doesn't "take on board"*
- ☛ *She is approachable but doesn't act on concerns*
- ☛ *Feel can raise issues, but nothing gets done*
- ☛ *Concerns are not addressed*
- ☛ *Manager is easy to approach and can talk to her*

Senior staff member and Manager feedback



Adapted shower

The Senior Care Worker confirmed that she has worked at the home for 11 years, ever since she was 18 years of age. She originally commenced as a Care Worker and for the last two to three years has been a senior (initially undertaking the duties on a temporary basis) and works 48 hours a week. The manager advised the Enter and View representatives that she has worked at the home for 14 years, initially as Care Worker, and has “worked her way up” to become the manager.

The representatives were informed that the home had 38 residents on the day of the visit and that they divide the home into 2 discrete areas. The ground floor is maintained for all the care residents and the 1st floor is allocated to the residents with dementia and the seniors take operational lead responsibility for each of the areas. The Senior Care Worker taking the lead for the Enter and View visit generally works directly with the residents on the ground floor and the other senior care worker is assigned to 1st floor, to offer continuity of care, but they (and other staff) will interchange between floors if there are any shortages of staff.

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

Residents’ feedback

When Residents were asked what they thought about the staff, the majority of the residents responded positively about them and said:

- ☛ *Staff very good*
- ☛ *Better now*
- ☛ *Majority are really good. Very patient, but sometimes a resident can be awkward to deal with*
- ☛ *They’re alright*
- ☛ *Yes, ok. They do their own thing*
- ☛ *Everyone gets on with them, but everyone has their off days*
- ☛ *Very, very good*

When asked if the staff have time to stop and chat there was more of a mixed response from the residents. They said:

- ☛ *Yes (x2)*
- ☛ *Do now and again – very busy*

- *No but will help you if you ask*
- *A lot of them do*
- *Yes, but not much though – would do better if had more time*

Friends and Family feedback

Relatives were asked if the staff have the time and skills to care for your friend/relative and received the following responses:

- *The staff we have encountered supported us, talked us through processes...*
- *They are kind and very caring to my (relative).... I have seen how they care for all residents*
- *Any questions we have had, they have had good knowledge*

Senior staff member and Manager Feedback

The current staffing structure for the Meadow View home is for one manager, two heads of Unit and two senior care workers on shift. The aim is to have six staff members on duty in the day and four at night, with two care workers and one senior on each of the floors. They tend to maintain the same staff on each floor to ensure they gain *“familiarity with the residents”*. Staff have to move between units if there are any staff shortages. The Senior Carer said they strive to *“make sure staff have time to sit and talk with residents”* and ensure they are *“comfortable, happy and get the right nutrition”*.

It was confirmed that they were *“short staffed”* on the day of our visit as a member of staff had phoned in sick that morning. The Senior Care Worker had phoned around to sort the ‘shortfall’ and had arranged for someone to come in to cover in the afternoon. The manager and Senior Carer both stated that they used to utilise agency staff to cover staff absences, but do not use them now. There was a view expressed that the agency staff were often paid more than the home staff and yet were limited in the work they can, and do, undertake when called in to cover. As this arrangement did not prove effective, they now rely on the home staff to step in to cover.

All staff undertake the requisite mandatory training. In addition, the Senior Care workers have obtained NVQ 2 and 3 qualifications, and the manager has gained her level 5 qualification to become a registered care manager.

Staff feedback

The staff confirmed that they undertook the required mandatory training and were either completely up to date or *‘reasonably/mostly up to date’*. One staff member had the opportunity to more specialist dementia training online, whereas other staff members said they had no specific dementia training. Several

of the staff members expressed the view that staffing is 'generally adequate' and that staff holidays are covered, but sickness, particularly on some days, is not covered well. Several were concerned that on the days this occurred it created issues in caring and supporting the residents effectively, an example given of their concern was the stresses it placed on feeding the residents at mealtimes. The staff who made mention of these concerns said it would 'make the job easier' if better ways could be found to arrange staff substitution and cover for staff sickness to keep workloads manageable.

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

Residents' feedback

Residents were asked do the staff know what you need and what you like and don't like, several residents replied:

- *Yes (x2)*
- *They try*
- *They should*
- *I tend to keep myself to myself, but some of them do and they are helpful*
- *Yes, I think so*
- *They ask me questions, sometimes we have a game and a drink*

Friends and Family feedback

Relatives were asked: does the home notice and respond when your friend/relative needs change and how do they let you know about these changes. The representatives received the following information:

- *I have observed staff entering residents' rooms at different times of the day. They let us call in regularly to see my (relative) asking about or checking and meeting his needs*
- *The staff call us, if necessary, when there are changes. Also, each day we come they tell us what he's eaten, drank, changes in chair/bed positions, his personal care and what medication he's had.*

Senior staff member and Manager Feedback

The manager receives an assessment from adult care for referrals to the home. A decision will then be made as to whether the referral is suitable for the home, and if the resident is in a hospital, staff will visit them there.



Thank you cards

The assessment is supplemented by the completion of life history forms, and they use this information to talk to the residents about their life history and recalling events. If there is not much detail, or the residents presentation is not what they say in the assessment for example in relation to their behaviour or for instance, the manager highlighted the assessment might say they are quiet, but immediately on their admission *“they are wanting to walk around with purpose”*, then they will seek more information about the resident to inform the care plan. They will speak and check with the resident, where they can, and the relatives.

There is a care plan for every resident, which is retained in both paper folders and on the “Fusion IT” system maintained by the home. The information about the residents’ tastes, health and care are updated in the care plans each month and is relayed to staff. Information is also communicated to family members.

All staff have access to the care plans, which are password protected.

Staff feedback

The staff reinforced the information received from the senior staff about the initial assessment that is undertaken by adult services which is then supplemented by talking with the residents, friends and family to inform the individual care plan that is in place for each resident. They confirmed that care plans are updated monthly, and in between if changes needed to be noted promptly. A couple of staff stated the care plan digital tablet is updated daily and any significant changes are recorded. Several of the staff referred to receiving updates about the residents at the daily handover meetings. Staff confirmed that they are additionally informed about any changes, residents’ preferences and any special requirements.

Activities Co-ordinator feedback

The Activities Co-ordinator said they get to know residents by talking to them directly and observing their preferences and relies on verbal information from managers and senior staff about new residents. They maintain a folder to record resident participation and preferences, though unsure if anyone else reviews it.

4. Offer a varied programme of activities.

Residents' feedback

Residents were asked about what activities there are in the home for them and how easy to join in. There was a mixed response to these questions with little information forthcoming on the activities offered, with one resident saying no to both questions and three saying it was easy to join in alongside the following general comments:

- *Ball throwing. Was a singer once*
- *Not much, thinks there have been days out*
- *Dancing*
- *Colouring, watch tv, knitting*
- *I've no idea. A couple of months ago a man came in singing. Sometimes bingo, but I'm not into that. I could go to the lounge if I wanted to play bingo*
- *I don't know – don't do anything*
- *There are games, but I just like to watch. Sometimes there is a sing song*
- *Sometimes they take us for a walk*
- *Ok to join in, but I like to watch*

When asked if they still do things they enjoyed before they came in the home, the residents said:

- *Used to enjoy walking and to swim*
- *Yes, still do things enjoyed before*
- *Could do with some bookshelves as I read a lot... I've not asked but a staff member brought me some in once*
- *Used to do handcraft things but can't do now because of arthritis*

When asked if they go on trips to different places residents said:

- *Used to when first came five years ago*
- *Ages ago – not sure where*
- *Blackpool*
- *If wanted to*
- *No, nothing mentioned*

Friends and Family feedback

When friends and relatives were asked what they think of the activities inside and outside the home, they said:

- *We think the activities are suited to the residents and our dad picks and if he wants to join in. He enjoyed the garden through the summer and*

advising the activities lady on what's best to plant during their planting activity.

- *Unfortunately, he is no longer able to join in, but earlier in the year he did enjoy some of the activities that he used to enjoy before.*
- *I think they have a good variety of activities for residents of different abilities.*
- *He was supported earlier in the year when he could join in. He would tell us at night visit he'd joined in with member of staff, giving us different names.*

Senior staff member and Manager Feedback

The home employs two Activity Co-ordinators. Only one is currently on duty as the second Co-ordinator is on long term sick. The Co-ordinator who is working moves between both the two units, upstairs and downstairs. The home endeavours to provide a varied programme of activities and made particular mention of residents enjoying bingo and pamper days. There is a singer who comes in regularly and the Co-ordinator sings with them. Residents like it when children and babies come in to visit such as at Christmas or with family members.

The residents are asked about their interests and hobbies but both the manager and senior care worker find that a lot of them do not appear to want to continue with any interests they had before coming into the home, and they found it quite hard to get residents involved with many of the activities offered. Nevertheless, both stressed that they continue to try. An example was shared of an activity to make biscuits recently, where they found that many residents resisted participating and took the line *"we pay enough and so we shouldn't be baking and cooking ourselves"*. They expressed the opinion that staff try to encourage resident participation, but if they say no, then need to accept they mean no and respect their decision.

Staff feedback

The Activities Co-ordinator works part time, four days a week. She is responsible for deciding on the programme of activities and determines what to offer by carrying out her research and finding out what residents like or enjoy *"Always looking and asking what they like all the time"* and alternates her time between the two units. She keeps a folder in which she retains information and her planning. At present, she is thinking and planning for Autumn.

Some of the staff, including the Activities Co-ordinator, mentioned a number of activities that have been offered the residents, such as music, bingo, darts, quizzes, balloon game, celebrations such as Christmas, birthdays and the King's

Coronation, singer visits, the choir from a primary school and individual activities like playing cards.

Two staff members referred to socialising and chatting with residents while clipping, cleaning and polishing their nails. Efforts have also been made to tailor activities to individuals, with two staff citing a lady resident who enjoyed knitting so knitting supplies were brought in so she can continue with her hobby.

A few of the staff stated, "*activities are hard*". Residents are encouraged to join in, but not all residents want to participate, and they need to respect this. Three of the staff said most of the residents prefer to sit quietly in their chairs most of the time. An example was shared of one resident who refuses to join all activities.

Most residents seem to enjoy the quizzes and bingo. A view was expressed that this may be because they like winning prizes (which the Co-ordinator sources and brings in, e.g. from home). If no one is "*up for*" an activity she knows they love listening to 60's/70's music, so sets up the TV to play music and encourages them to sing a long, which they enjoy we were told one lady resident knows all the words to the songs, but the activities co-ordinator and a few of the other staff do not think it is appropriate to only rely on music to stimulate and occupy the residents.

Most of the staff said that not enough activities are carried out daily, more and varied activities should be provided and tailored to the needs of the residents; and that there should be more interaction with all the residents. This is alongside more time spent on encouragement for residents who have more advanced dementia). In addition, four of the staff referred to the fact that the residents presently do not often go on days out and, therefore, more trips and days out should be arranged. Two of the staff stated the view that there is not enough funding and resources allotted to activities presently.

Observations

A notice board was observed in the ground floor corridor advertising the week's activities. However, it was noted that no activities were taking place on the day of the Enter and View visit. The Activities Co-ordinator was sitting in the first-floor lounge with a chatty lady resident, doing word searches and colouring in a book. Several of the residents were sitting in the two lounges. A few residents in the ground floor lounge talked, but it was noted that there was little interaction with several of the residents and some of them seemed 'bored and sleepy.

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

Residents' feedback

When the residents were asked what they thought about the food, whether there is enough choice and what is good at mealtimes there was a mixed response with several residents happier with the food and the choices than others. One lady highlighted that she does not like red meat and receives an alternative. Other responses to the question about food and choice included:

- *Good. Yes, enough choice to eat*
- *Alright*
- *Yes, usually a choice of 2*
- *Good*
- *Some ok, some not. What I get is enough*
- *Not bad, average and average choice*
- *Not too bad. Not the best. Not like at home.*
- *Everything could be better, not just food*
- *Very fussy. They do their best.*
- *Yes. Enough choice*
- *Can't grumble. Can always find something*

When the residents were also asked if they can have food and drinks at any time there seemed to be varying understanding about this, they said:

- *If I am hungry, just ask and they will give you something. ... I've never asked*
- *Only set mealtimes*
- *Don't know*
- *Probably. Lady had crisps given to her by a staff member*
- *Just a drink – mid morning*
- *Yes, if we needed it*

When responding to the question about what is good about mealtimes, they said:

- *The talk at the table and the staff are giving you the food and not eating it if you don't want it.*
- *Leaving the dining room when finished – not perfect of places – everyone watching one another.*
- *Everyone is in a rush to get there.*
- *Good at mealtimes, the social aspect*
- *Everything good.*
- *Fed. Nothing – could be better*

Friends and Family feedback

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Healthwatch Rochdale has used the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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

- *I'd eat it. Although mealtimes are protected, we have been able to come in at these times. It all looks and is presented nicely. There's a variety – I've heard the residents being asked what they like. Always ask (relative) which he would prefer.*
- *They have offered my husband and I food when we are here all day and made it clear that we can ask staff for food and drink for ourselves. We can also make food and drinks for my (relative) at any time. Very confident that he is supported to eat in our absence, and he is offered plenty of drinks.*

Staff feedback

The staff reinforced that although they try to be flexible with residents, there are regular mealtimes with two choices of food from which the residents are asked for their preferences, and they accommodate special food requirements, e.g. diabetes and gluten free. Two staff mentioned fish and chip Friday and Sunday roasts being popular and one that they loved the corned beef hash. They did have cheese board Wednesday, but this was not continued. However, all the staff acknowledged there is mixed satisfaction with the residents about the food they are served. With one staff member saying the food is *"not good and needs improving."* and others of thinking the menu needed updating with an expansion of choice, more home cooked choices and/or more frequent changes to the menu than once a quarter. Staff confirmed most residents eat together in the dining room, where the radio is on, and seem to have preferred seating but a couple said they "do not talk so much". A couple of staff highlighted there is sometimes not enough help to assist feed when there are staff shortages. Two staff talked about the hydration station available throughout the day and the tea trolley offering snacks outside set mealtimes.



Dining room

Senior staff member and Manager Feedback

The home ensures that two menu choices are offered for dinner and tea. The manager said that she sets the menus and goes around the residents asking them about their preferences and likes and dislikes for the next menu plan changes. She also recognises the importance of the need to take account of any special diets, for example one resident needs to be gluten free and one resident does not eat any red meat. The chef will point out if there have been any errors when setting a menu e.g. set two red meat choices for meals on the same day

and so the chef brought this to her attention, and they made the necessary changes.

If they do not like or want what is on the menu that day then they will try to accommodate them with an alternative, like a sandwich. Menus are within a budget and so will do what can to get the best value and quality. Example highlighted was buying from Asda and Birchalls; Birchalls went too expensive so decided to stop ordering from them and they offered her a better deal with a set price to keep their custom which is a great way of partnership working and adding value. The manager talked about coming to the end of the summer menu and needing to finish setting the winter menu and the hot food choices they offer.

They have a '*protected*' lunch time at 12.30 pm and most residents like to eat in the dining room. If they do not want to eat in the dining room, they can eat in the lounge or their rooms if they choose. A couple prefer to eat in their rooms. One lady is bed bound and needs assistance and therefore is set up with her meals separately. Although chairs are not reserved in the dining room, it was noted that the residents tended to make their way to sit in the same seat with the same people. The staff then '*come away*' and serve the residents from a trolley set up in the corridor.

Staff informed us the residents can ask for food outside mealtimes, but generally residents do not have big appetites and wait to take advantage of the brew trolley. The brew trolley has drinks and snacks on it, such as cakes, biscuits and fruit. Occasionally, residents ask for something different like crisps and toast outside these times, and staff will get them what they have asked for, if they can.

Observations

Lunch was served to the residents during the Enter and View visit. We observed that most residents from the ground floor lounge moved into the dining room, apart from one lady, who chose to eat her meal in the lounge. Three of the staff served the meals to the residents from the food trolley that was placed in the corridor. Each of the staff served the residents and then returned to the trolley, leaving the residents to eat their meal and chat.

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

Residents' Feedback

There were differing views, 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. Four of the residents didn't think the GP visits them at the home, two knew the doctor visited the home, two had no need to see the GP recently, whereas two of the residents had seen a GP recently.

The residents said:

- *I have an appointment at the hospital and my daughter will take me. "*
- *A doctor came a few weeks ago she said I should have an x ray on my ankle but have not been as my daughter couldn't take me. The carer was here but nothing has happened.*
- *Recently seen a dentist, podiatrist and audiologist, not had an appointment at hospital/GP as not needed to see anyone.*
- *Seen optician recently. When needed hospital appointment then yes. Member of staff.*
- *Not needed to see medical specialists for a while. However, if family can't come staff will take me*
- *Need to see a dentist as lost top set.*
- *Needed podiatrist at first, when I moved in the home. For appointments staff will take me, if family can't.*

Friends and Family feedback

The relative of a recently admitted resident said:

- *Not sure about a dentist, but there is an optician, chiropodist and hairdresser that attend. To be fair not enquired about anything else it was a lot to take in on admission, husband remembers telling us about services available. So not sure.*

Staff feedback

Staff confirmed the information received from the senior staff in relation to the health professionals, (the GP, nurse, optician and podiatrist) supporting the home with the care of the residents. A few staff members also highlighted that they used the rapid response, which is available 8am till 8pm and BARDOC, which is open 24 hrs, when needed. They also said the dentist is not seen in the home, but residents go to the clinic.

Senior staff member and Manager Feedback

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The GP calls in every six to eight weeks with the majority registered with Kirkholt Medical Practice, and a few remain with Castleton GP Practice. Both the manager and senior expressed frustration with the changes to GP registration. All residents used to live around the Castleton area and were registered for years with the Castleton practice. The practice determined that they had too many patients and as it retained responsibility for another home, it requested Meadow View move their patient registration to Kirkholt GP Practice. Some of the residents and their families objected to this and have remained with the Castleton Practice. The senior carer said their current GP is "ok ". However, she and the manager spoke very highly of the nurse practitioners who are "very nice and approachable" and comes into the home regularly to carry out an all-round health check and "frailty tests" on all the residents. Alongside this, checks are carried out on whether Do Not Resuscitate (DNRs) are in place and it was emphasised that they approach this subject with as much sensitivity as possible. Not all residents have these in place, but conversations take place with the resident and/or family members to encourage them to complete them.

The senior confirmed that the home receives regular visits from a chiropodist and an optician. A chiropodist comes into the home every three months. Residents also see the optician "pretty regularly", who undertakes eye tests and provides them with new sets of glasses if needed. However, it was highlighted that it is very hard to get dentists. Which is particularly difficult if they need treatment for the residents with dementia as they need to get a taxi to see the dentist.

7. Accommodate residents personal, cultural and lifestyle needs.

Residents' feedback

When residents were asked about their religion or culture in the home, three of the residents said they had no religion, one was Church of England and mentioned that no vicar visits the home, A lady resident stated that she was Protestant and "*...I have a bible and say my prayers*" and another said he was Christian but "*has previously been a Mormon...*" and that "*nothing is ever mentioned*".

When asked if they can get their hair and nails done, all residents confirmed they get their hair done (with several mentioning the hairdresser) and five residents said they had both their hair and nails done, with one saying, "*son does hair*". Two of the male residents said that although they have their hair and nails done by staff, they shave themselves.

When asked about whether the laundry get their own clothes back to them, six of the residents said yes and three added:

- *Not had any problems*
- *Yes, but not immediately*
- *Yes, very happy with this - it's all clean and in my wardrobe*

When asked who buys their clothes most of the residents said they did not need new clothes but if they did then their family would buy them, and several responded by saying

- *Family buys clothes (x2)*
- *Got so many – but daughter would get if need them*
- *Not needed anything*
- *I don't know. I imagine your family*
- *My son deals with everything + my daughter in law and my grandchildren*

Friends and Family feedback

When asked if their relative gets their hair cut and styled and if they are always clean and appropriately dressed

- *Yes.... Is always clean shaved, washed and dressed appropriately*
- *He had his first shower in a long time on entry to this care home, which he really enjoyed and since has had regularly*
- *Weekly hairdresser attends and he chooses if he wants his hair cut or not*

Staff members and Manager Feedback

If they know of any cultural, religious or lifestyle needs before someone comes in the home, they will do their best to accommodate them. However, it was highlighted that the current demographic within the home did not have extensive cultural requirements and there have been no residents with any additional cultural and lifestyle needs for some years.

It was mentioned that they have had some residents who are Catholic and used to have a priest who came in the home, but these visits have stopped now. One staff member said, *"one resident takes communion once a month"* and another staff member said, *"one resident has a bible and listens to hymns."*



Adapted chair

A hairdresser comes into the home once a week, every Wednesday, unless she is on holiday and staff had high praise for her and her services.

With respect to residents' personal care, we were advised that the home currently had "mostly independent residents." But staff do check and make sure they are clean and appropriately dressed. If the residents are incontinent, they are regularly checked and supported by staff. The staff are responsible for making sure the dirty clothes are removed out of the bedrooms. Staff also assist where needed, and all residents are supported with showers to ensure they are safe.

There is a laundry in the home and so they ask families to ensure the clothes are fully labelled when they come into the home. If there are some items unlabelled the staff will add to the clothes. It was acknowledged there can be some errors with the clothes, but they do try to minimise any mistakes with the laundry systems they have in place.

Observation

On the visit, representatives observed that residents appeared well groomed 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?**" -three residents replied no and five replied yes, saying:

- *They ask me if I am alright. If I wasn't happy here, I wouldn't stay*
- *Yes, I say I am happy*
- *Yes, by manager*

When asked if they are listened to and feel safe, seven of the residents replied yes, with five residents giving the following comments:

- *Yes, if I wanted something I would ask for something*
- *Sometimes want to go back home (NB. Dementia resident)*
- *Yes, not too bad, quite obliging*
- *Can't grumble*
- *Yes, nothing to worry about. Fed, clothes washed. Like being in a hotel*

When asked if they want to make a complaint about the home two residents said they would talk to or tell the manager, one resident said "*nothing*", and other residents said:

- *I would write it down and put it in a suggestion box*
- *I would tell a member of staff*
- *Go to a member of staff and ask who to complain to.*

- *Tell daughter who comes in and rings her*
- *Complain to family*
- *They care for everyone here. I have no complaints, everything is good. Staff look after us and aren't nasty to us – that's my opinion*

When residents were asked what they would change about the home, two of the residents said nothing, one resident replied, *"not thought about it"* and six said:

- *No, I am content and have no complaint about anything. The staff do their best for us*
- *Nothing, but it would be nice to see new people – I just see the same people I sit with all day and mealtimes*
- *In the lounge, people just sit around looking bored, they look like they need someone to interact with them. At (another home) staff used to care and sit with residents and talk to them, or play cards*
- *It would be nice to have a bath rather than just a shower (used to have bubble bath)*
- *Used to go out for walks, but don't go out now. Day trips would be good*
- *I'm not free here. I want the right to come and go as I want. They would stop me. It has not happened yet, but I think someone would try to physically restrain me (haven't done yet)*

Friends and Family feedback

It was only possible to seek the view of one relative. They said:

- *To be honest my relative has only here a short time and has dementia. Think the fact that he can refuse food at mealtimes but is asked throughout the day if he would like food/drinks etc is an indicator that he is able to say how the home is run to meet his needs and requirements.*
- *If necessary, if complaining about a carer I would approach the unit manager, deputy manager or manager. If I felt I wasn't dealt with correctly I would, depending on the nature of the complaint contact adult services or CQC.*

One relative was keen to convey the following support the family receives from the home:

- *I cannot fault the care and attention my (relative) receives. The staff have a happy disposition. My sister-in-law came from Australia for a 3 month visit and was welcomed to stay at the home with her dad all day, every day. Coming and going as she pleased. They were very accommodating. She also now rings the home for updates.*



Toilet sign

Staff feedback

When the staff were asked about the whether the residents' family and friends have a say in how the home is run, the majority talked about the manager being approachable to relatives and staff and one said, "*her door is always open*". One staff member reiterated that efforts had been made to arrange residents' meetings, but they not well attended. One said notices has been displayed in public areas asking for feedback and another said sometimes questionnaires had been distributed to survey the residents, but there is no feedback box.

When asked if staff have a say in how the home is run one staff member replied, "*a bit*" and gave the example of having input into the décor. One staff member said they never had cause to raise issues with the manager about the running of the home, but that changes would not involve them. However, some staff said that although the manager is approachable, concerns and issues are not addressed. One of the staff referred to speaking with the area manager as the area manager seems to take action.

Senior staff member and Manager Feedback

When the senior care worker and manager were asked in what ways do residents, their family and staff have a say in how the home is run, it was highlighted that efforts were made to arrange family meetings on a couple of occasions, but no one turned up. So now the home relies on surveys with both the residents, family and staff. The surveys used to be carried out monthly, but as it was felt the responses got repetitive, a quarterly questionnaire is now used. In addition, the manager talked about supplementing the questionnaires with informal conversations with family members often over "*a brew*" when they visited to talk with them and hear their views and give them the opportunity to raise any issues of concerns. In addition, the manager stated they operate an open-door policy with the staff.

With respect to the residents' views, they provide their input through the staff and their daily engagement with the manager as they can be quite vocal and will let you know if they have any issues or problems.

If anything is raised with the manager, it is acted upon as soon as possible and attempts are made to resolve the matter in the best way possible. The feedback received and any specific issues raised are also brought to the attention to the area manager or company.

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

Residents' feedback

All the residents we spoke to during the visit said yes to the question asked about the cleanliness and tidiness of the home with several saying " *yes, it is clean and tidy*" and one saying they are " *in everyday cleaning*".

When asked if they were ever too cold or too warm the residents said:

- ☛ *Sometimes too hot*
- ☛ *No, it's always nice, warm and cosy*
- ☛ *Sometimes open the window*
- ☛ *Just right*
- ☛ *Bit cold this morning, but it was ok after my breakfast*
- ☛ *Sometimes too cold as windows are opened. Bedroom warm enough*
- ☛ *Sometimes too warm*
- ☛ *Get cold feet*

Friends and Family feedback

When asked is the home well maintained, well decorated and clean and tidy and how is the temperature, family members replied:

- ☛ *The home is cleaned daily and usually smells fresh and clean, even near the toilets*
- ☛ *The home is kept at a regular temperature, we have never arrived and thought it is too or too cold*
- ☛ *We feel the home is well maintained. Some we visited were not as nice as this*

Staff feedback

When the staff were asked to give examples of how the home is dementia friendly, one staff member said that it does not feel dementia friendly, several of staff gave examples of equipment, colours and facilities that were in their view dementia friendly. Examples such as: pictures for signage, coloured and plastic crockery, pictures on doors, coloured bedroom doors (but not corridors), sensory boards, sensory dolls, and photo box outside a resident's room. Mention was also made of having picture board for meals, but they are not used at present.



Dementia Friendly Decor

Senior staff member and Manager Feedback

The manager ensures there are sufficient cleaners on duty to maintain the

cleanliness with the home. They each have assigned areas of work, and the cleaning staff have charts to complete in relation to their cleaning duties. The manager also carries out monthly cleaning audits. "All doors are coded" so the residents are managed in a "controlled and safe environment", and they cannot wander out without appropriate supervision. "Upstairs all the doors are different colours" and pictures are on each room to help them recognise their own bedroom. The pictures and displays are carefully considered.

All the radiators are on, and the heating is never turned off. The home can be very warm, but the residents can still be cold, extra blankets are offered to help them. Not aware of a resident complaining about being too warm.

There is a handyman employed by the home and he is responsible for ensuring everything is maintained. All repairs and maintenance issues are listed on a whiteboard in the staff room

When a resident passes away and before a new resident moves into the home, the handyman redecorates the bedroom. New residents are encouraged to bring in their own stuff and personalise the room any way they want.

Observations

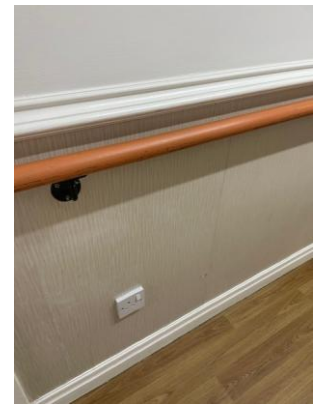
The residential home purpose-built building is set back off Manchester Road, with its own large car park, but with no clear signage for the home from the road.

Reception area. The reception entrance was initially not clearly noticeable and could benefit from improved signage. The reception area consisted of a small room with a door leading to the residential home, accessed by ringing the doorbell. Whilst the Enter and View representatives were waiting, it was observed the room contained a range of notice boards, furniture and leaflets, with a varying mix of information, but no seating for visitors. We observed that the room looked a bit neglected and not overly welcoming and could benefit from a refurbishment. This would improve the initial impression the home gives to visitors and potential new residents and their families. The first impressions of the home are that it was clean and in good condition, with a pleasant smell with friendly staff who all acknowledged the Enter and View representatives with a smile.



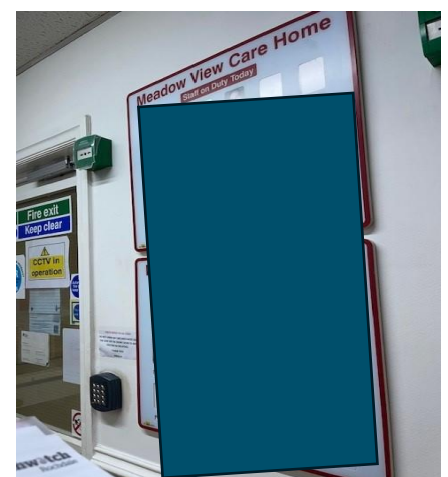
Notices

Decor and access. Doors are very wide, and corridors are wide enough to easily accommodate walking frames or wheelchairs, and all areas were clean and clutter free. The home is pleasantly decorated with lino wood effect vinyl floors. The grab and hand rails provided were painted a different colour and the walls painted half cream and half white on the ground floor, with white light switches, which could be changed to another colour to be in line with dementia friendly recommendations for décor. There are suitably adapted toilets within easy reach for the residents with adapted seats and sitting bars, although it was noted that the doors were not in a consistent colour with some grey and others white. A working lift is available, enabling easy access and movement between the ground floor and first floor of the home although on the day of our visit was under maintenance.



Wall mounted hand rail

Signs. On the left of the entrance door to the home a staff board was available, with photographs although with no staff names or positions and in/out slides to confirm staff that had logged in for the day, although it was noted that not all staff were logged in (and some staff did not have a picture) which the Senior Care Worker adjusted when asked about it. There were several display boards on the ground floor located around the corridors at a suitable, visible height, with lots of photographs and a range of residents' artwork exhibited that was done with the previous Activities Coordinator. There was clear signage identifying the service and room, e.g. kitchen and bathroom, although it was observed that the home did not utilise consistent/standard signage.



Staff On Duty Board,

NB: request from Manager to cover board info

Communal areas. There are two lounges, one on each floor, with a smaller lounge on the first floor, and variety of seating around the outside of the rooms. Noted a juke box in the ground floor lounge and a bingo machine in the cupboard. Observed several of the residents sitting in the lounge areas and all well dressed in slippers or shoes.

A nice menu board was provided but no menus were added. However, there was a big blackboard in the corridor outside the dining area, upon which the representatives observed a staff member writing the day's menu. An activities board was also provided which detailed a week of the planned/proposed activities, although it was noted that the activities listed for the day of the visit were not taking place.

There was also a table with condiments, alongside a dietary needs book, which contained resident photographs, room numbers and information on dietary needs.

The dining room on the ground floor was clean and tidy, with large double doors windows, a large wall clock and a radio playing. The room was laid out with three tables and chairs. The lunch was at 12.30 pm and a staff member was observed setting the tables with utensils and napkins before the residents came through to the dining room.

A hydration station (with water and juice) is available all day and a tea trolley with a variety of cups and aids.



Dietary requirements



Adapted cups

The first floor assigned for the dementia residents was warm, bright, clean and clear. Each bedroom had an individual door like front doors and brick wallpaper throughout the corridors. In addition, spaced throughout the corridors the representatives saw interactive activities boards although we did not observe these being used during our visit. In addition to the lift, the first floor which is the dementia unit is accessed by a stairway, but the access door is locked via a key code and the area is overlooked by CCTV at the top of the stairs and around in the corridors.

Fire safety. It was observed that fire exit signs were above doors (although during the visit none were lit up). If there is a fire, there are three exits from the first floor, all with stairs. The representatives did not observe any fire extinguishers on the first floor and was advised by staff that none were retained on the first floor.

Maintenance. Enter and View representatives observed a list of repairs or issues on the whiteboard when entering the staff room.

Cleaning duties. We observed the cleaner moving around the home with her trolley undertaking her cleaning and saw her squirting aerosol air freshener

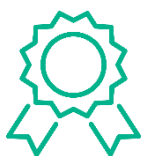
throughout the home. A recommendation was to use an alternative to highly perfumed aerosol due to allergies, asthma etc.

Bedrooms. We looked into a few bedrooms where the doors were open and observed they were nicely decorated to individual tastes with different wallpaper, very well kept, clean and comfortable. Each of the rooms had a bed, somewhere for visitors to sit, a TV, a table, and adequate storage with both a wardrobe and drawers. All rooms also had their own photographs and artwork on the walls. In addition, each bedroom has room numbers and residents' photographs on the doors. Some residents had fall mats within their rooms and saw a few rooms with phones or mobile chargers.

Garden access. The garden was accessed through the ground floor lounge and was spacious, newly mowed, with a barbeque and seating for residents and visitors with a small area specifically with children's chairs and a table. We observed that fence panels had blown down, but red tape was put up to secure the area and work was in progress to fix the fencing. However, it was noted that the garden was uneven and considered not easy for residents to get round.

When residents were asked about the garden and if they used it, several of the residents spoke about their appreciation of the garden and most of them using the garden in, at the least, the summer months. They said:

- ☛ *Yes, can go in the garden*
- ☛ *Yes, when it's nice*
- ☛ *No, too cold*
- ☛ *We go in it in the summer. Not today though, very wet and windy. Would blow me away*
- ☛ *Yes, been a couple of times, but not too easy with walking frame and balance is bad*
- ☛ *Family comes in a lot to visit, and we go for a walk in the garden together*
- ☛ *Yes, my son comes, and we walk around the garden*



Positive highlights of the visit

- ✓ Staff were friendly and accommodating.
- ✓ The facility was very clean and had a neutral odour.
- ✓ Dementia-friendly décor, signage, and flooring on the first floor.
- ✓ Family members praised the care and attentiveness of the staff.

Recommendations

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

1.	Reception Room: Improve the appearance of the reception room and consider a revamp of this area to improve the initial impression the home makes to visitors and potential new residents and families.
2.	Activities programme: On our visit there were limited activities observed involving one resident and nothing taking place in accordance with the activities board timetable. We recommend that activities for residents are reviewed to ensure there are increased activities and support/encouragement for residents to take part each day in the home. For example, consider introducing more visits outside the home and tailored dementia-friendly activities such as memory boxes, music therapy and art and craft sessions.
3.	Fire Safety Measures. There was a lack of fire extinguishers. We recommend a health and safety review to add fire extinguishers in areas like the proposed office space. To evaluate fire safety on the first floor, particularly, to ensure compliance with safety regulations.
4.	Garden Accessibility and Maintenance. We recommend fixing the uneven terrain in the garden to improve accessibility for residents with mobility challenges. To also consider adding pathways or support features to enable safe and enjoyable outdoor experiences. The garden fencing to be repaired as soon as possible.

5.	Signs internal and external. We recommend using standardised signage both inside and outside the premises. and décor.
6.	Staff Board. We recommend that the staff board is regularly updated with current photographs, names, and roles of all staff members to help residents and visitors identify staff more easily . Ensure all staff are signed in, or out, via it.
7.	Dementia friendly décor. We recommend using more consistent colours to differentiate between rooms (e.g. the toilets) when planning the next redecoration programme.
8.	Improve feedback mechanisms. We recommend reviewing the engagement and involvement of the staff team in all relevant aspects of how the home is run. To consider ways in which can address and communicate any progress and outcomes of concerns and issues raised and feedback received.
9.	Use of air fresheners. We recommend using alternative, more environmentally friendly ways to freshen the smell of the home rather than aerosol canned freshener.
10.	Spiritual needs of residents. We recommend reinstating pastoral visits from local churches to meet the religious needs of current residents.

Response from the Provider

Below is the response as received from Mrs Angela Biggins, Manager:
Items amended in red within context of report.

Page 4 it states I have 39 residents, I do have 40.

Page 4 it states I have a deputy manager this is not correct.

Page 6 I understand everyone has their own opinions and I will be taking this on board, But I feel where it is in brackets it is hurtful, disrespectful and a bit personal. So I am asking could you remove this comment if possible.

Page 18 where it says the senior and manager spoke highly of the nurse practitioner could you change it to two of them please, they are both nice and approachable.

Page 22 It states one of the staff referred speaking to the area manager as the area manager seems to take action. This matter were out of my hand it were nothing to do with the care home, I emailed, rang and messaged the right department and the area manager did resolve this matter. I feel I went above and beyond to help this matter until I couldn't do anymore.

Page 25 the picture of the staff on duty on board, could you please blank out the pictures of my staff as when this is published online, you will be able to blow up the picture and see their faces.

Recommendations

1.	Reception Room: I have taken on board that the reception is minimal and we will be looking to improve this.
2.	Activities programme: My QA officer has been working aside with my activities coordinator, who have some good ideas to look at, I am having a meeting with the activities on a monthly basis for new rotas, and I will be employing a new activities coordinator.
3.	Fire Safety Measures. The fire extinguishers upstairs are behind the doors on the dementia unit as my residents kept pulling them off the walls, so for their safety they had to be moved, All in all I have 13 fire extinguishers in the building.

4.	Garden Accessibility and Maintenance. I can confirm that the fencing has been fixed and is safe. The uneven terrain I will look into this, staff do go out in the garden with my residents and do stay with them as most of them are a falls risk so they are not on their own.
5.	Signs internal and external. We recommend using standardised signage both inside and outside the premises. and décor.
6.	Staff Board. I have put the roles of my staff under their pictures, Staff names are on their uniforms which is easy to see. A couple of staff feel they don't have to put their picture up as it is not in their contract again I will in to this.
7.	Dementia friendly décor. I will look into the décor when we plan our next redecoration programme.
8.	Improve feedback mechanisms. After I got the report I had a full staff member meeting, with my area manager taking minutes, I addressed how proud I am of all the hard work they put in for caring for the residents, I understand the staff don't feel appreciated with the pay they get and understand that this is everywhere in the care profession and again I expressed my appreciation. I explained that if you want a complaint to be resolved to email or letter with time and date and I will forward to my area manager so that I have evidence that it will be addressed.
9.	Use of air fresheners. I look into this straight away and now using honey suckle air freshener which you dilute yourself which is environmentally friendly.
10.	Spiritual needs of residents. We have rung around churches and are looking to reinstate pastoral visits for the religious needs.

Contact Us



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