



The Mews Care Home Rochdale

Enter and View Report

June 2024

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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 Mews Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and 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	The Mews, Fenton Street, Rochdale, OL11 3TH
Service Provider	East And West Healthcare Limited
Type of service	Care Home with nursing – Privately Owned, Registered for a maximum of 60 Service Users
Date and time of Enter and View visit	Friday 21 st June 2024 1.30pm – 4.00 pm
Authorised Enter and View Representatives	Margaret Parker Rosemary Nunwick Karen Kelland Naomi Burke Moira Auchterlonie

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. The CQC publishes its findings, including performance ratings to help people choose care.

At the time of the Enter and View visit The Mews Care Home was rated as **‘Outstanding’** by the CQC. To read this inspection report please visit

<https://www.cqc.org.uk/location/1-3219767417>

Visit Background and Purpose

Background

The Mews is a residential home which provides accommodation, personal care and support to people with disabilities. The home comprises three units situated over four floors. It is built on the side of a hill and terraced with direct access to the outside area at each of the levels. The nursing care is provided by qualified nurses, who are supported by care assistants.

Healthwatch Rochdale visited The Mews Care Home on Friday 21st June 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 during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

Healthwatch Rochdale acknowledges the fact that the manager volunteered the home to be part of the Enter and View programme of visits.

Healthwatch Rochdale previously visited this setting in 2019 and you can view the report here <https://www.healthwatchrochdale.org.uk/report/2019-07-19/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 manager, residents, and staff who were present during the visit. They additionally left friends and family feedback forms and posters. On arrival, the manager welcomed the team.

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.**

On the visit we:

- Spoke with the manager and the area manager, who joined the private meeting with the manager part way through the interview.
- Spoke with four staff members, including the activities co-ordinator and seven residents.
- Observed areas of the home.

Copies of the questionnaires used on the Enter and View visit were also left with the manager for any 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>



Results of the visit

A good care home should:

1. Have strong, visible management.

The manager has worked at the Mews for over 17 years. Initially as a qualified nurse responsible for one of the units within the home and was promoted to the manager role after the last manager left three years ago. Throughout the visit the manager talked enthusiastically about her work at the home, stating she *“loved the work.”* The manager said she *“feels strongly”* for the residents in the home and sees her role as representing their interests, advocating for them and *‘being responsible for fighting to see that they get the best support and service.’*

During the visit we observed the manager engaging with staff and residents as she moved around the home; and witnessed several staff and residents entering the office to seek information, advice or direction, which she dealt with in an encouraging and relaxed manner.

The manager confirmed that she is not one for sitting down. She likes to be out and about in the home *“observing and engaging with the staff and residents,”* is always open to hearing the views of staff, residents and family members and operates an open-door policy. We were informed that, although staff members received regular supervision sessions, if a staff member wants to speak with her directly about a matter, she encourages them to let her know and she will arrange an appointment to meet privately with them.

Staff reaffirmed that the manager has an open-door policy and additionally they can email her with any issues, and they do get a response. Two members of staff commented that they don't always feel that they are involved in big decisions about the home.

- *If I have a problem, she is there to listen or help.*
- *Her door is always open if I need to speak with her.*
- *Same staff been here years, we feel like we are extended family.*



Resident feedback

Residents were asked: ***Do you know the manager of the home and what do you think about the manager?***

Six out of seven residents we spoke to told us they knew who the manager was and said positive things about her. One resident was negative.

- *Love the Manager!*
- *She is nice. I can only praise her and the staff.*
- *She is friendly and helpful.*

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

The manager told us that the home was fortunate in that they employed a long-term core of staff who have developed the skills, knowledge, and experience to do their jobs effectively. The manager stressed that she is committed to ensuring there is “enough staff every day.” She recognises there are limitations as the home is a business run operation that needs to be fully funded. However, ~~M~~ maintaining the appropriate staffing levels is a “*business challenge*,” she will not, and does not, compromise on, as the safety of the residents is paramount to her and so will always seek to draw on bank staff to maintain appropriate staffing levels.

Insufficient staffing levels are a constant staff complaint to the manager, and she highlighted that March 2024 was a particularly bad time recently with seven staff members off. However, if there are staffing shortfalls ‘agency’ staff are called in. Wherever possible the preference is to use bank staff who have experience of the home and are familiar with the residents and the routines so that she can offer the residents a level of continuity. It was confirmed that three agency staff who have worked in the home were recently added to the bank list. In addition, if they are down on nursing staff, the manager has come in to cover shifts to ensure the qualified nursing levels are maintained for health and safety compliance.

The Enter and View representatives observed welcoming staff, who were attentive to residents. Reps also observed various members of staff having conversations with residents. The residents seemed to be at ease with staff when observed.

Through speaking to staff members, the reps discovered that many of them had worked at the home for many years, with some returning after working elsewhere. This provided continuity of care and familiarity for the residents.

There is an annual training programme available for all staff with opportunities for training online for the mandatory courses, with staff paid to do so in their own time. There were also opportunities for progression and staff told us they had

started as cleaners and were encouraged to upskill into other roles such as catering assistants and care assistants and were both encouraged and supported to do so by the management.

We were informed that staff are always asked about their development and training needs when in their supervision session and confirmed that all staff undertake mandatory training that is required for their role. There are about 50 mandatory training courses which staff are encouraged to undertake when they are inducted into their role with the home. They also offer staff the opportunity to gain the “care certificate” and undertake “champion” training for areas of specialised interests such as: dementia, infection control, oral care, or dignity.

The home employs three qualified nurses during the day and two in the evenings. The manager said I’ve “*worked with them a long time*” and they are “*very skilled and experienced.*” The NVQ 3/4 care staff are also supported to undertake Chapps medical training to assist the qualified nurses. Once they have successfully completed the Chapps course these staff are able to assist the nurse/s undertake simple medical tasks (although they are not able to deal with the catheters or injections etc. as these remain the responsibility of the trained nurses). The manager expressed the view that encouraging the NVQ 3/4 staff to gain the additional Chapps training strengthens the medical skills available in the home and enables them to become “*practitioners in their own right*”.

Staff feedback

- *Manager asks if anybody wants any added training.*
- *The training is ongoing throughout the year.*
- *We are offered NVQ 2/3 and extra learning if we want to enhance our skills.*



Resident feedback

Residents were asked: **Do the staff have time to chat with you?**

Six out of seven residents said yes, the staff had time to stop and chat with them. One resident said some staff talk down to the residents and others are respectful,

- *Yes, always chat and ask how me and my family are.*
- *Sometimes, depends on how busy they are.*

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

The manager undertakes the pre-admission assessment of a potential resident and visits them in their home setting to determine their suitability for the home and “fit” with the other residents. Before admission she encourages them (and their family) to visit, look around and assess if the home is suitable for them before making the final decision on admission.

We were advised that the manager and staff get to know individual residents through talking to the resident and family members before and after they are admitted to the home. All residents have care plans that are prepared by the qualified nurses when they are admitted to the home which is inputted on the home’s ‘PCS system’ (‘Person Centred Software’). All staff have handheld equipment through which they can access all residents’ information and care plans. All residents have key workers, although all staff can access the information, but not all staff can change information. Individual messages or group messages can also be sent to all the staff through the handheld machines.



Following the 2019 Enter and View visit at the Mews, a recommendation was “Use of a shared system. “It was evident at this visit, that this was now in place.

The area manager advised the Enter and View representative that the owners are rolling out the PCS system into all four homes they operate. She believes the system should be in place in the last home very shortly and then the portal to the system can be activated and be more widely available for everyone.

The staff read the care plans and handover information when they come on shift. However, the manager said they were finding that when the staff arrived on duty, they were concentrating on reading the information on their handhelds and not engaging appropriately with the residents, so the nurses were keen to reintroduce the handover meetings and verbally exchange the relevant information at the beginning of the shift.

Before any trips out, the care plans are looked at to see if there are any changes, and all activities are recorded in the resident’s plan.

Resident feedback



Residents were asked: ***Do the staff know what you need and what you like and don’t like? (your daily routines, personality, lifestyle, clothing etc.)***

Four out of seven residents said yes, the staff know what they need and what they like and don’t like.

- I tell them, really.
- Yes. I have my own clothes and my teddies, photos and things.

4. Offer a varied programme of activities.

On the day of the visit there was a Dolly Parton tribute act in the main lounge with many residents enjoying the music, lots of residents and staff joining in. The performer was a member of the care home staff. The residents appeared involved in the activities and interacting with the show and each other. Reps observed the residents appeared appropriately dressed and well groomed. They were asking questions and chatting as we walked around. The support staff were cheerful. It was a warm sunny day, and some residents had been outside, and a gazebo provided in the garden for those who did not wish to be in the sun.

The home employs three activities co-ordinators and it was emphasised that they were keen to ensure the residents had a wide range of varied activities for all the residents. "We ask them what they like and what they want to do." All staff are involved in doing this, including activity co-ordinators.

An activity board is on display in the main entrance area, outside the office which highlights a "timetable of activities" with both group activities and activities tailored to individual residents' preferences. The manager advised that trips for the residents were generally arranged on Wednesdays and Thursdays on a rota basis as they are keen to ensure "they (all) get out and about". In addition to mentioning the "show" being put on by a staff member while we were visiting, she highlighted they had been celebrating Pride throughout that month (LGBT Festival of awareness) and had recently arranged a drag show with outside entertainers. Reference was also made to pantomime visits, singers, entertainment staff and other activities such as bingo that they offered to entertain and amuse residents. They also try to recognise and celebrate annual faith events such as Eid. An electronic photograph album was observed at the entrance showing a range of photos from activities and days out.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week Commencing 27 th	Lynns Bankers Bingo 1/2 Day Outings	Courts & Shopping	Bowling	Shopping	Admin	
Week Commencing 3 rd	Gardening & Decorating for Pride Month	Hebden Bridge/ Cinema	Special Requests Shopping	Special Requests	Pride Coffee Morning 11am Drag Artist Entertainment 2pm	
Week Commencing 10 th	Excursion with Tracing Herts 11am Carols Week Recognition 2pm	South Port in Manchester Museum	South Port in Manchester Museum	Outings	Decorate for the Euros Reiki 2pm	Father's Day On Sun
Week Commencing 17 th	Decorating for Eid 1/2 day outing or crafts	Eid Celebrations Special Guest 1/2 Day Outing Muslims Day	Hebden Bridge	Outings	College Trip Tracy With Special Requests	
Week Commencing 24 th	Eid Celebrations in Main Hall 10am-12pm Special Requests	Sea Life Centre	Sea Life Centre	Outings	Lynns Bankers Bingo 11am Heronbank Cinema 11am Clubs 10-11am	

The Enter and View representatives visited the communal lounge on the second floor, staff said there were weekly activities held in the lounge. This was further evidenced by a photographic display of activities. Enter and View Reps observed a newsletter with activities and a further timetable of activities on the wall alongside wall displays showing photos of residents and staff arts, events and activities although some were not current, but showed events celebrated across the years such as Halloween.

The Activities Co-ordinator said it was important to introduce themselves to residents and their family, to find out about the resident, their birthday etc. They said it was essential to get to know their residents and provide individual activities. They also respected residents who did not want to participate, however if it was in their interest, they would be encouraged to join in.

Enter and View Reps also observed board games, jigsaws and playing cards alongside four residents around a table playing cards together.

Good links are encouraged and retained with family and friends; with a few of the residents having days out with family members and regular home leave at weekends.

Resident feedback

*Residents were asked: **What activities are there for you in the home?***

Five out of seven residents gave examples of the activities they participated in. Two residents did not take part in activities. Six out of seven residents said it was easy to join in the activities and the same number had been on outside trips e.g. to Blackpool or Southport.

- *Birthday parties*
- *Entertainment. Lots of entertainment, all sorts.*
- *Pantomime, singers, bingo.*
- *Hobby ladies take us out and organise events and everyone gets taken out in their turn.*
- *I enjoy arts and crafts, there is always something to do.*
- *Prefer reading in my room.*
- *If you want to you can, it's your choice.*

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

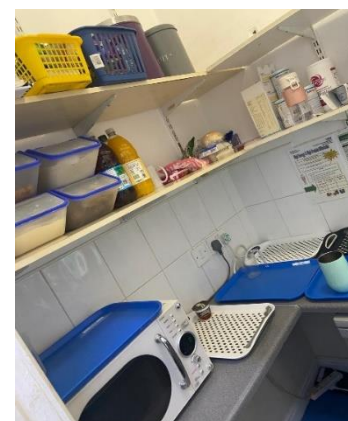
Observations.

There are three dining areas, one for each of the three units and floors in the home. The dining rooms are provided with smaller tables arranged throughout the room in smaller social seating settings.



There were weekly menus displayed on the walls with choices and special diets catered for and likes and dislikes taken into account. The chef said Friday was McDonalds night or chippy tea. The food was made in house to look authentic e.g. chips served in a cone or burgers with wrappers. The events team did food tasters for residents and gave the kitchen a list of theme days a year in advance. At Christmas and New Year, each resident can invite families or friends in for lunch.

The team observed a small kitchenette in the Huntington's Disease wing where a staff member was cleaning cups. The area was clean and clutter free. However, it was noted that special diet containers with supplements were unlabelled. Within this area there was also observed residents' dietary needs forms in a book on top shelf, but thickening powder on the shelf had no visible name on it.



Manager and Staff comments.

We were advised that the owners do not place any restrictions on the food and are keen to ensure the food and dining is a positive experience for the residents. *"There is no limit on the food budget."* The menus for the residents had recently changed following complaints and the new menu offering a wider variety of food, had been in place for about two weeks. There is the intention to review the new menu after approximately one month with a questionnaire developed by the manager. It was observed that the early draft version has several questions with smiley faces for the responses.

When choosing their meals, residents are asked for their menu choices the day before to manage wastage and ensure it is freshly prepared. If they change their mind on the day, this is also accommodated. Staff said that residents are given the menu the night before and can eat in their own room rather than communal dining area if preferred. The staff try to know the needs of the residents and carers can make snack boxes for out of mealtime food.

Staff said that the pureed diets were all the same for those residents that required it as part of their dietary care plans, and the staff felt lacked real choice.

As several of the residents have swallowing and eating problems that require assistance or adapted equipment and utensils, there are set mealtimes so the staff can be around to support those residents who require assistance. However, the residents can request and have food and drinks at any point of the day and evening. We were informed that residents can “eat food when they want.”

There are drinks trolleys and residents can request a drink at any time. However, due to risks around “volatile movement and behaviours” of some residents, it is believed to be unsafe to have permanent drinks stations.

Resident feedback

Residents were asked: **What quality, choice and flexibility is there around food and mealtimes?**



Three out of seven residents said yes, the food was OK with four out of the seven saying the food was not good. Most said there was enough choice at mealtimes though two residents said there wasn't enough flexibility about when they wanted to eat if it wasn't at the set mealtimes.

- *It's a lot better than it used to be, recently we got new menus and there is a lot better variation now.*
- *The puddings are good.*
- *Need more variety to allow for my likes and dislikes.*

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

The home is registered with Wellfield GP practice in Rochdale and many residents have individually registered with the practice. BARDOC is used for out of hours medical attention. The manager referred to 'Respect forms' that are used, in co-operation with the GP practice, for those residents who have expressed a wish not to go into hospital.

We were told that the nursing staff are “ringing all the time” for health professional support in the home. The manager particularly highlighted that Huntington's

Disease residents get frequent chest and urine infections and require regular support for this.

Resident feedback

Residents were asked about **regularly seeing health professionals.**



Dentist: Five out of seven residents had not recently seen a dentist, one said they would make an appointment if needed. One said had good teeth and didn't need one yet.

- *Not recently. Now and again. Have been in – but will make an appointment when needed.*



Optician: Three out of seven residents had recently had an optician appointment at the home.



Chiropodist: One resident went to a chiropodist, two said no one cut their toenails, one said the staff did this for them.

- *Yes, go there!*
- *I have regular checks near here.*



Audiologist: One resident told us they went for external appointments to have their hearing tested.



What happens if you need to see a doctor or have an appointment at the hospital?

- *Staff make an appointment. Can ask to see the doctor.*
 - *If I need a GP, I go with a carer in a taxi. It's no bother to them and I've seen GPs in here too.*
 - *Go to hospital appointments with a carer or member of staff.*
- Four residents said this.
- *Went to hospital in an ambulance – Mum and sister came with me.*

7. Accommodate residents personal, cultural and lifestyle needs.

Manager comments.



The team were informed that personal, cultural and lifestyle needs are a key part of the care plans and is clarified “*right at the beginning*” of them becoming residents of the home. The staff spend time getting to know them and their needs. Staff said picture boards were provided for non-verbal residents and plastic cutlery.

Residents are welcome to decorate their bedrooms as they wish, for example: One resident requested that they wanted a purple bedroom, so that was done for them. Staff said there was Wi Fi, and residents have their own iPads etc. There were books and newspapers on display.

The home currently only has one resident with dementia, but the home is made dementia friendly through “*dementia friendly signs, crockery and cutlery*” and the provision of staff dementia awareness and training.

In regard to religious need, there is a Catholic nun who regularly visits the home, and a communion is arranged for the Catholic residents who wish to receive this. For Muslim residents, advice was sought on how to support them and how to retain and store their Koran appropriately and safely. Eid decorations from the previous week were observed in the communal lounge. Residents could request to see an Imam or a Priest.

Observations.

The Enter and View Reps observed staff helping residents with drinks and meals and some residents had adapted cups with straws. We did not observe anyone being helped to the toilet.

The home has two resident cats and two tortoises, and one staff member brings her dog, that they classed as a “Therapy Dog” all welcomed by the residents to make it feel more like their home than a clinical setting.

Observations were made of the residents stroking and talking to the dog. Staff told us she came every day to the home and had done since she was a puppy.



Resident feedback.

Residents were asked about ***Accommodating their personal, cultural and lifestyle needs.***

Three out of seven residents said they were able to take communion, the rest said they had no religious needs.

- *A Catholic nun comes in regular and we have communion, once a month.*

A local hairdresser visited to cut and style hair. She should visit every six weeks, but recently had been a bit more erratic, it was noted that they were thinking of reviewing this arrangement and looking for a replacement. There were plans to have a barber for the men to have their own stylist. Residents said that sometimes staff trimmed their hair.

- *I go out with my brother and go to the hairdresser.*
- *There is a hairdresser that comes in...*
- *Used to be once a month (the hairdresser), not seen her so much lately. She works in a shop and has to fit us in when she can.*

Enter and View Reps did not observe the laundry area but when asked about getting their own clothes back from the laundry, residents responded:

- *A lady does the laundry!*
- *Yes, they do.*
- *If your names are in the clothes. Then get them back.*
- *Sometimes can be issues, for instance when there is a new person in the laundry.*

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

We observed that recent changes are shown on the 'You said, We did' board. If anything is happening in the home the manager or staff email the relatives to let them know. (For instance, when the lift broke, emails were sent to all the relatives to let them know). Surveys are also sent to residents and relatives e.g. for the new menu plan.

In addition to the recent changes to the menus highlighted earlier in this report, the 'You said, we did' board highlighted one of the dining areas which had been redecorated following requests from residents; with the residents choosing the layout, paint colours and pictures hung around the room.



Following the 2019 Enter and View visit at the Mews, a recommendation was made to have a 'You said, We did' board for both residents and staff feedback.

This was to demonstrate how giving feedback can make a positive difference. The Enter and View Reps were pleased to observe this was now in place.

Feedback or complaints from residents and relatives are discussed with the area manager and staff. They try to use a "lessons learned" approach, they then review and change something if it is found to be needed. For example, complaints about the laundry led to the home reviewing and amending the laundry processes.

Regular staff meetings are held to talk about a range of issues and in which their input on various matters is invited. The manager takes the position that "there are no wrong suggestions or ideas."

The team observed thank you cards on noticeboards and a Suggestions Box.

There are twice yearly residents' meetings and relatives can attend to ask about preference and what changes they would like to see. There is a quarterly newsletter for residents and relatives, seen on some noticeboards during the visit.

Staff also commented that there were regular coffee mornings in the home for relatives to have honest and open conversations.



Resident feedback

Residents were asked about their **comments on the home, feedback and complaints.**

When asked if they knew how to make a complaint, six out of seven residents said they knew who to speak with. Two residents said they had an annual review with a social worker, but not sure it changed anything. One said they had never made a complaint but could speak with one of the staff. One would tell the manager, and one would find the contact details on a poster on the noticeboard.

- *I would tell my family.*
- *Speak with the manager or care assistant.*

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

Observations

The Mews is situated in a built-up residential area. There were Pride flags flying outside the main home entrance. Approximately 15 parking spaces were provided for staff and visitors and seven visibly occupied at time of the visit. No bike rack although one staff member rides in daily and leaves their bike in the yard.

The building felt homely and welcoming and there was a very neutral smell to the place. There is an established cleaning schedule in the home, and the manager and nurses audit the cleaners' activities utilising an inspection tool they all follow. It was particularly highlighted that the cleaning products they use has recently been changed and they now have one supplier approved by the owners, which are supplying better products than they had previously.



The lift was out of order on the day of the visit and when queried, had been for three weeks. We observed staff walking the long way around when supplies on trolleys as couldn't use the lift and too many stairs to take up boxes.

Temperature: Temperature on the day was 26 degrees and inside it felt very clammy and warm. The ceiling fans were inefficient not really cooling the air nor were the ones in the corridor which were fixed to the side of the wall. The windows didn't open

very far with safety catches, so there was little airflow or ventilation. Residents were not complaining though some were in their bedrooms wearing cool clothing. It was noted that all the fire doors were open for air flow and staff were covering them for safety.

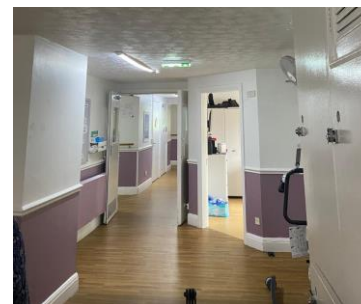


Resident feedback

Most residents said that the temperature was usually too warm. One said it was too cold.

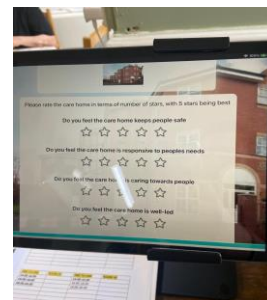
- *Very warm today – need more fans.*
- *Only too warm on a hot day. My room is cosy in the winter.*

Access and safety: The corridors and toilets were wide enough for walking chairs, walking frames and wheelchairs making them accessible. The fire exit signs on the main corridor from the lounge to the bedrooms was twisted and not readable.



Some of the main walls within the corridors had handrails, others did not. There was an inconsistency to this throughout.

Most internal doors were key coded. The signing in system, based in the reception for visitors, is an electronic system which asks for the visitors experience when signing out to give an opportunity for feedback on their visit.



On the main doors to the Huntington's rooms, it was observed that a window had been smashed and there was only a thin piece of cardboard covering this up.

Decoration: The floors throughout were matt lino effect in a consistent colour and



contrasted with the walls and furniture. They were observed to be trip and hazard free with no visible holes or tears. There were clocks around the home all in working order. Radiators were painted the same colour as walls in some areas, walls are painted plain neutral colours and were in a good state. The door sign fonts could be easier to read using both pictures and words. Signage for the toilets and bathrooms were consistent and all doors labelled. Some but not all rooms had clear signage showing the name and resident information on

the doors.

There were wall displays within the home, some of these were policies or legislations, others contained residents' artwork or photographs. There were also displays within the home that had residents' birthdays on and positive praise for residents or staff.

One display was observed with push pins, which could be a hazard to residents.

Storage: All the bedrooms seemed to have adequate storage for residents' personal belongings. Throughout the home we observed storage cupboards and some clearly labelled for linen alongside a linen trolley was in use.

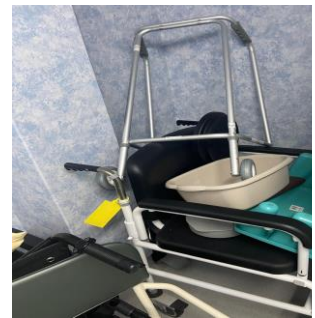
Residents' rooms: We viewed a bedroom in the old house which was for residents with Huntington's disease. This was with the consent of the resident's father as the resident was in hospital at the time.

The bedroom was light, large and clean with personal items including photographs and photo pillows. It was tidy and was a cool temperature with a fan. It had a sofa, and personal items added to the decor and looked homely. The bathroom was clean and tidy and appropriate aides by the shower and toilet. There was somewhere for visitors to sit and adequate storage for resident's personal belongings e.g. wardrobes, drawers, side tables alongside a radio and television. This wing in the old house had resident information on the bedroom doors whereas the main house did not for all rooms.

Some residents' room had ensuite facilities and we observed toilet aides and adapted seats. There were phones in the room and phone chargers. Many rooms were tailored for each resident in terms of decor, with photos and their own items. The rooms appeared clean and spacious and two were themed with different football teams.

The manager and area manager stated that there was a rolling programme of work aimed at maintaining and decorating the home. However, the manager acknowledged "*it is a bit like the Forth bridge*" and finds there is always something that needs attention. They recently completed the renovation of several windows and have plans to replace others in the home. However, it has been determined that several of the rooms need upgrading and have obtained agreement that a rolling programme of upgrades can take place. two rooms have now been completed and 12 more are to be scheduled for the recommended upgrades. As this is a big job, the owners have agreed that the manager can keep one room empty so the work can proceed with the minimum upset or disruption to the residents.

Communal bathrooms: We observed a communal bathroom in the main building which was cluttered. It was unclear if it was sanitised after each use, as there were no completed logs or visible cleaning equipment. One bathroom had no hand wash and was very cluttered. Not much main storage or shelving or shelving around the shower to put washing items. On inspection we saw a very dirty plug and drain. It was not clear where staff put resident's clothes or towels as there were no hooks or designated clear area. There was lots of clutter in the room. We did not observe see any suitably adapted toilets and grip handles in the communal toilets. We observed a walk-in shower wet room with a sink unit that could benefit from updating, deep cleaning and painting.



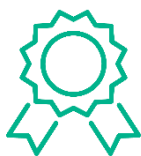
Communal areas: The lounge and dining room chairs were arranged in groups with the TV and radio on, there was a range of seating observed such as a couch and chairs with arm rests, wider seats, material or vinyl, various heights and also foot stools in use.



Garden. On the top floor the garden looked reasonably maintained with some plant pots and seats, tables and benches. There was a gazebo for residents to sit outside in the shade. Good use of the COVID hut in the garden for staff members which had been adapted and is now used as a staff room, giving them their own space. The middle unit has a decking area leading off from the dining area and the ground floor has an open grassed area at the side of the home. We were informed that good use of the external areas by the residents earlier in the day before the show.

Smoking room. There were several issues around the "Smoking Room" observed such as the blinds had cigarette burns in them, the chairs were worn with visible filling hanging out of them which potentially could pose a fire risk and the door appeared to be locked, which was the fire exit to outside the building. The fire extinguishers were in date, but concerns were expressed around residents being alone in this room if the fire extinguisher needed to be used.





Positive highlights of the visit

- ✓ Good retention of staff – proves a dedication to the role and that it is a good establishment to work for.
- ✓ Warm and welcoming – open and transparent to us as Enter and View Reps.
- ✓ Positive staff and resident interactions. We observed various members of staff having conversations with residents.
- ✓ Great entertainment. The events and activities were plus points from both staff and residents we spoke to.
- ✓ Individual care plans in place for all residents, inputted and regularly updated on the home's PCS system and shared through the staff handheld equipment alongside the handover meetings.

Issue for further consideration

Residents with Huntington's disease. The manager referred to her concerns about treatment delays of up to 28 weeks for those residents with Huntington's disease. The home is consistently having to re-refer their residents when they are experiencing problems. This is because all their cases are immediately closed after patients are admitted to the home as residents. These residents can lose weight very rapidly and require additional support. She stated they have experienced a 28-week delay when referring their residents. Although it has recently marginally improved, they are still experiencing significant delays. The Manager expressed the view that they all need regular reviews and questioned why they cannot be retained "on the books." She finds it all "frustrating" and is concerned for the residents when their referrals are delayed.

Consideration could be given to establishing a faster pathway for referrals for the Mews residents. For further discussion, separate to this Enter and View report.

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.	Lift not working. We recommend that the lift repair is done as soon as possible. The lift was out of order on the day of the visit and had been for three weeks. We observed staff walking the long way around with supplies on trolleys as too many stairs to take up boxes.
2.	Smoking area. We recommend upgrades needed for chairs, blinds and compliant to health and safety rulings around fire resistant materials. Also, a health and safety review of the emergency exit as that was currently locked.
3.	Display boards. We recommend the boards are regularly reviewed, laminated and use blue tack or flat drawing pins. Displays to have covers over them to reduce risk of harm. Push pins to be removed.
4.	Repair of window. We recommend the repair of the smashed window on the main doors to the Huntington's rooms.
5.	Communal bathrooms. We recommend deep cleans, removal of clutter, reinstatement of cleaning logs, installation of bathing and toilet aids. Also, installation of appropriate shelving and hooks for residents bathing items.
6.	Communal toilets. We recommend suitably adapted toilets and grip handles in the communal toilets and bathrooms to have adaptive aids
7.	Walk-in shower wet room. We recommend a deep clean of the sink unit and review of the plugs used.
8.	Kitchenette labelling. We recommend labelling of items within kitchens so staff can easily identify items for special diets.
9.	Lift flooring uneven. We recommend this is replaced as it is a potential trip hazard. This is in the lift in the Huntington's wing.

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Response from the Provider

Below response received from Nicola Blackshaw, Manager

The Mews
Fenton Street,
Rochdale OL11 3TH

The Mews Nursing Home would like to thank Healthwatch Rochdale for the visit on Friday 21st of June 2024, any inspection or visit from outside agencies is viewed as a learning experience and valuable tool for making improvements to our Care Home.

I would personally like to take this opportunity to thank your staff who attended The Mews for their positive engagement with staff and residents, who made them feel at ease, and easy to talk to.

I would also like to thank all the staff at The Mews, every single member of our team brings something special with them to their role, for some, this may not be obvious and as noticeable as others, but **all** staff are hugely appreciated, by myself and the relatives and residents we provide a service for.

The whole environment and atmosphere in the Home is full of compassion and good-natured humour from the residents and the exceptional staff, we have.

We strive at The Mews to provide a “Home from Home.” Recommendations made by Healthwatch Rochdale are most welcome, and will be discussed with residents, relatives and staff before being implemented.

Nicola Blackshaw, Manager

The following Recommendations were made:

1. **Lift Not Working**- I can confirm the lift is back up and in service and has been since July 2024.
2. **Smoking area**- I can confirm we have replaced the chairs with Fire resistant material, and we have sourced some new blinds for this area.
3. **Display boards**- We have removed push pins from Notice boards and the management team are to devise a program to replace all noticeboards within the home, to ones that have covers over them.
4. **Repair of window**- I can confirm that this is with our head office department to be ordered and completed as soon as safety glass is made.
5. **Communal bathrooms**- I can confirm that bathrooms are deep cleaned each morning by domestic staff and mopped after every use by staff. All clutter has been removed and we have taken on board and all shower rooms have a rail and shower cady in them.
6. **Communal toilets**- On inspection all communal toilets have adaptive aids.
7. **Walk-in shower room**- We have two units that are on our list to be fully replaced. One on Oakview unit and One on Hollyview Unit. These shower rooms are on the program to be upgraded.
8. **Kitchenette Oakview**- I can confirm we have taken the recommendation and have purchased new containers and labelled them.
9. **Lift Floor uneven**-I can confirm this has been replaced and was on our program to complete.
10. We have also purchased a **Bike Rack** for the car park as recommended by the Report.

Contact Us



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Achieved.
Valid Until
April 2024

