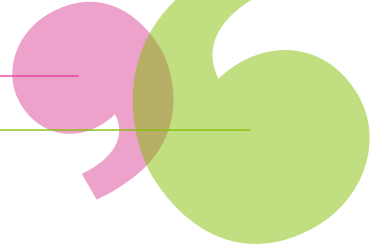


Enter & view Report:

healthwatch
Trafford

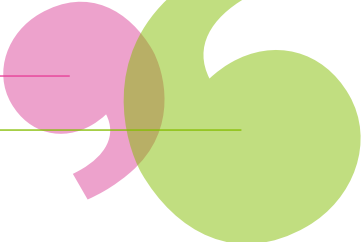
**Flixton Manor
February 2017**





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What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

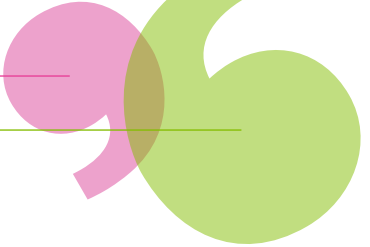
Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Flixton Manor for their contribution to the Enter and View programme.

Disclaimer

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



Details of the visit

Purpose of the visit

Review of Care Home provision in Trafford

Service Address

Flixton Manor, 2-8 Delamere Road, Urmston, Manchester, M41 5QL

Service provider

Flixton House Limited

Date and time of visit

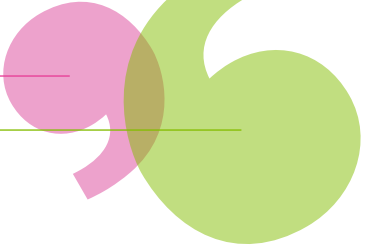
Tuesday 7th February 2017 - 1.00pm - 3.00pm

Authorised representatives

Jean Rose, Joseph Burke and Marilyn Murray

Contact details

Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG



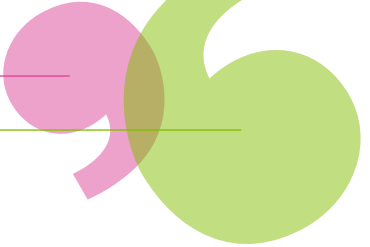
Executive Summary

The Enter and View visit enabled us to obtain more understanding of the lives of residents living in Flixton Manor Care Home. The current Manager [whose previous role was senior care worker at the home] has been in post since September 2016 following the retirement of the home's former Manager. The home has been in existence for 25 years and has been extended over time. The Enter and View representatives noted that the corridors of the home are narrow and the staircases are steep, there is a lift in operation at the home. We observed that the lounge areas are light and well decorated and the home was clean and warm. The staff we met were all friendly and pleasant. At the time of our visit the residents we observed appeared comfortable, the ambience of the home was busy but calm.

The Enter and View representatives observed:

- That residents appeared safe in their surroundings.
- That staff are attentive to the needs of the residents.
- That residents and visitors were willing to share their views.
- That to promote social inclusion, the home provides communal lounges with dining area.
- That there is a secure environment with staff on-site 24 hours a day, seven days per week.

On the day of the visit the Manager of the home was extremely helpful in supplying information to the Enter and View representatives. We were given the freedom and permission to speak to people and go anywhere within the communal areas of the home. The Manager has responded and has been proactive in addressing some of the issues raised in this report.



Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy, which states that:

‘People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people’s dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community’. [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]

Methodology

This was an announced Enter and View visit.

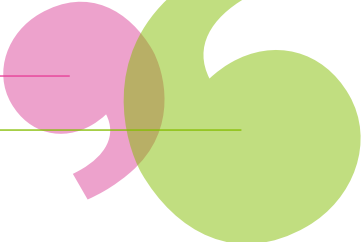
Contact was made with the Manager of Flixton Manor explaining our reasons for the visit. Posters were supplied to alert staff, residents and family members to our visit.

Some predetermined questions were available to the Enter and View team carrying out the visit and these can be found in Appendix 1. Answers to questions that we posed to the Manager prior to the visit can be found at Appendix 2. We have included the Manager’s responses corresponding to the feedback in the body of the report. It was agreed with the Manager that the visit would last approximately two to three hours.

The Enter and View team gathered a variety of comments both positive and negative from residents and visitors during the visit. We had the discussions with the following:

- Nine residents
 - Three family visitors
 - Management and staff

**Permission to speak to residents was received from residents prior to any conversation taking place.*



The visit

Introduction

Flixton Manor is a nursing and residential care home situated in a residential area of Urmston close to the town centre. The home can accommodate up to 38 residents the majority of whom are living with dementia. All residents at Flixton Manor require support to manage their nursing and care needs. The home's previous Manager recently retired and the senior carer who had worked at the home for many years has been appointed as the new Manager. The home has staff on site 24 hours a day to provide care and support, which consists of two qualified nurses and five to six care staff workers on duty during the day and one qualified nurse and two care staff workers on duty during the night. The Manager stated Flixton Manor was currently undergoing a recruitment drive for more care staff, a Registered General Nurse [RGN] and an activity co-ordinator. The Manager told us that Flixton Manor has recently successfully completed the Six Step to Success, the North West 'End of Life' programme for care homes. The programme aims to enhance the 'End of Life care' through facilitating organisational change and supporting staff to develop their roles around end of life care. For further information, please access:

<http://www.nwscnsenate.nhs.uk/strategic-clinical-network/our-networks/palliative-and-end-life-care/six-steps-success-end-life-care/care-homes//>

Observations

Flixton Manor is set in its own grounds and is easily accessed from a side street off the main Flixton Road. At the entrance of the home there is a good-sized car park with signage to entrance of the building. The accommodation is provided over three floors, including a basement level, ground floor and first floor. A new wet room has been installed and a new bathroom is currently under construction on the first floor. The home has three toilets on the ground floor and a toilet on the first floor. At the time of the visit the Enter and View representative only observed the home's ground floor accommodation. There are two communal lounges and a small dining area on the ground floor. The communal lounges look out onto a secure and self-contained garden; the garden can be accessed through patio doors from one of the communal lounges. There is a ramp and steps leading into the garden; the garden is well maintained.

Entrance to the home is clean, bright and warm and the ambience of the home was quiet and calm. We observed sanitizing dispensers at the entrance and throughout the areas of the home that we visited. The management office is situated close to the entrance enabling full visibility of people visiting the home. On entering the home there is a visitor signing in book and a notice board with a variety of information displayed.

The Manager drew our attention to the information displayed on the notice board about activities that have recently been introduced [January 2017] such as, music, singing and exercise sessions provided by external entertainers. We were told that other activities such as a visit from local Falconry Activity Centre staff exhibiting owls had taken place recently and residents had enjoyed the presentation.



During the visit, we were informed by the Manager that the dining area was being refurbished with new tables and chairs that will enable more residents to be seated at one time for meals. New signage designed for people living with dementia to identify rooms and facilities within the home had been delivered that morning. We observed that a carpeted area had a visible strip added to make it clearer to residents that there is a slightly uneven floor. During the visit a member of the Enter and View team used the lavatory and noticed that the floor leading to the lavatory was still wet from being cleaned with no signage cones in place to warn people.

Many of the residents we saw on the day sat together in chairs in the lounge, two residents had visitors sat with them; we observed some residents talking to each other, while others sat not interacting with anyone. Our visit took place after lunch and we saw that some residents had food debris down the front of their clothes. During the visit, we observed residents requesting the toilet and staff using the hoist to move residents and that staff did this in a calm and organised manner.

Residents and Families' Views

Wellbeing

The Enter and View team observed that most of the residents appeared to be calm and reasonably occupied. The large television was visible to those sat in the lounge; we observed several residents reading newspapers and completing puzzles. One resident who we observed sitting alone at a table near to the window told us that she likes sitting looking out on the garden. When we asked if she could change anything at the home and what might that be, she answered:

“to move away from this table”

When asking residents and visitors how they or their loved one felt living at Flixton Manor we received a variety of comments such as:

“I have been here three months and I have no complaint”

“My wife is well cared for”

Another resident gave a different response when asked if she was happy at the home she commented that she was not happy, stating that some staff are not very helpful. When asked if she complains she answered, “no I never complain, not sure why”.

The overriding negative comment we received from residents during the visit was the lack of toilets and the lack of staff to take you to the toilet when you ask to go. This was reinforced by a family visitor who told us that when she arrives to visit her mother she finds that her mother has been sat in wet pads for a long time. She stated that she felt that staff were always pushed for time and added:

“I have observed a resident asking to go to the lavatory all morning and being left unattended. I have witness one lady sat in her chair with a pool of urine underneath asking again and again for the toilet and not getting seen to for hours”.



The relative told us that she had observed residents being left for hours before their request to be taken to the toilet was dealt with, adding that this is happening daily and is an ongoing issue at the home.

Care

When we asked management what the home's procedure to reduce falls and pressure ulcers was, we were informed by the Manager that risk assessments are in place and checked and observed regularly. The Manager informed us that two hour turns are carried out on residents and on occasions a different bed will be purchased to assist a resident. We were informed that pressure mattresses are checked and serviced on a regular basis. When we asked about infection control, the Manager informed us that personal protective equipment [PPE] is always available for all staff, that there is hand gel at the entrance of the home for visitors to use. We were informed that if there was an infection outbreak then notices are placed at the entrance of the home notifying visitors. In extreme circumstances the home would be quarantined.

When we asked how visitors and family members feedback concerns to management, the Manager informed us that visitors and family will always either speak to the qualified nurse or the Manager and that concerns would be followed up and acted upon accordingly. The Manager explained that if there were any concerns they would be logged on the computer with the follow up action and if it was a staff concern that had been raised the paperwork would be filed on the staff file. The Manager added that management always address the families concerns.

We were informed that the home has recently reintroduced staff meetings scheduled to take place every three months where carers concerns can be addressed. The Manager emphasised that staff do not need to wait for a scheduled meeting to deal with concerns as they will be addressed at any time. We were told that the home sends out questionnaires to relatives and the home will act on any concerns or comments received. We were told that the home has a complaints policy that is followed if required.

At the time of the visit we observed staff feeding residents, providing medication and interacting with residents in a pleasant and caring manner. We observed staff asking residents what choice of meal they might like for their evening meal.

When we asked relatives and visitors about the care administered by staff at the home we gathered a variety of comments such as:

"I get good care; the staff are wonderful"

"My wife is well cared for"

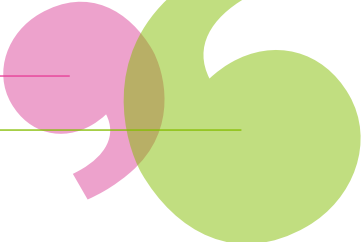
Another resident told us that:

"sometimes you get what you ask for and sometimes you get little response".

A relative stated:

"The staff here are wonderful. They cannot be faulted and go the extra mile"

One resident informed us that she does not go to the toilet that she is changed on her bed in her room and that she doesn't like it and would prefer to go to the bathroom adding that care staff could be better.



When speaking to another resident she announced:

“I feel ashamed when I wet myself it is so undignified. I do not get enough changes of pads during the night”. She then added: “staff are nice”.

At the time of the visit we observed that this resident did appear to have to wait a long time to be taken to the toilet after the request had been made to staff.

We received the comment below from a relative about her mother’s care:

“ I arrived at 11.20am this morning to find that my mother did not have her teeth in. I have arrived recently to find my mother's glasses needing cleaning as they were very dirty, yet the checklist had been ticked as 'cleaned' completed by member of staff when this was not the case”.

Daily routine

The Enter and View representatives arrived at the end of lunch time and we observed staff feeding patients who were unable to feed themselves in a relaxed manner with residents given enough time to eat their meals. We observed that residents were seated in a variety of chairs which appeared to meet their individual needs and capabilities.

We received conflicting comments on the meals with some residents informing us that their meals were good and another who told us that some food was not up to scratch, and that there was no choice in the menus.

We observed a resident requiring the use of nebulizer during the visit and that it was easily accessible for the resident to access and use.

One resident told us that she gets up at 7.30am and that staff administer her medication and that sometimes staff are late, this results in her medication being administered late which can result in her experiencing pain.

The relative we spoke informed us that she had observed meals being handed out by staff to residents and that some of the residents struggle to feed themselves. She added that she has observed staff returning and on seeing a resident’s food cold and untouched have taken it away resulting in the resident have nothing to eat at that mealtime.

Safety & Environment

Entry to the home is via a locked front door directly in front of the management office. When we asked about security and fire procedures the management informed us that the home has policies in place, that escape routes are clearly marked. Manager stated that fire procedures are checked and fire alarms are checked every week and the home’s emergency lighting is checked every quarter. The Manager informed the Enter and View representatives that an agreement has recently been reached with a local school situated close-by to accept residents from Flixton Manor in the event of the home being evacuated. During the visit, we observed a cleaner and a handyman busily carrying out their chores close to the lounge area, we did observe lots of wet floor warning cones near the lounge and dining area.



The Enter and View representatives were informed that residents can bring their own furniture and possessions into the home within reason. We observed that Alzheimer clocks¹ have recently been installed to help residents to distinguish the time and day of the week. We observed that most residents required help moving around the home and we asked residents how safe they felt at the home we received the following comments:

"I feel very safe. I could not carry on in my own home".

"I feel safe at night".

We received the following comment from another resident who stated:

"I have my bedroom door shut at night. Staff don't always knock when entering my bedroom and this can be off putting when you are not expecting it".

Fundamentals

We observed several relatives visiting home during the time we were at the home. Residents informed us that there were no restrictions on visiting times at the home. One resident told us that she has no visitors other than sister who doesn't visit very often as she has a heart condition and that she would like to phone her sister. She told us that she used to have a mobile phone but that she dropped in her cup of tea and broke it and couldn't afford to buy another one. She added her sister would be able to speak to her on the phone. She wondered why the home didn't have a public phone for residents to use occasionally.

Waiting times to be toileted appeared to be the most pressing concerns expressed by the residents at the home.

When we asked residents how often they bathe we received comments such as:

"I don't like showers; I like a bath. I have a bath once a month".

One resident said:

"don't shower too often, you get lazy, if staff ask if you want a shower, you refuse the offer".

Another stated:

"I can have showers when required".

Inclusion

Management informed us activities such as bingo take place at the home and that recently other activities are being introduced such as music with movement and sing-alongs and that they seemed to be well received by the residents. The Manager told us that the home has purchased puzzles to help stimulate residents living with dementia. However, on speaking to some residents about activities at the home we received the following comments:

¹ Having a specialised clock in the most commonly used areas gives a reference tool to help people living with dementia to maintain their daily routine. To access more information: <https://shop.alzheimers.org.uk/clocks-and-watches/day-clock>



“there is very little going on, maybe once a week, I would like more. I do speak to one or two residents and people are pretty friendly”.

Another resident stated:

“not a lot to do, can be boring”.

On the day of the visit we did not observe any activities apart from watching the television.

Is there anything you would change?

When we asked this question to residents we were told that there was a need for more toilets as sometimes residents wet themselves because they are in pain due to waiting so long.

Request for further information from provider following the visit:

1. How do visitors and family feedback their concerns? You have informed us that visitors and family will always either speak to the qualified nurse or manager. How do you know this?

The Manager’s response:

I know this take place as it is me that they always approach as the Manager and they know I am always available.

2. You have told us that, if necessary concerns would be followed up and acted upon accordingly. How do you record this?

The Manager’s response:

Concerns would be logged on the computer with the follow up actions. If it was a staff concern that had been raised the paperwork would be filed on the staff file.

3. You have informed us that the home has a complaints policy which is followed if required. How do family and residents know about this?

The Manager’s response:

The complaints policy is on view by the signing-in book for reference, also any written complaints are filed with the responses.

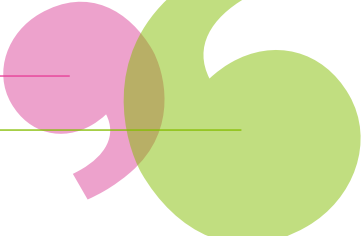
- 
4. When we ask ‘who checks the fire procedures, fire alarms and emergency lighting’

The Manager’s response:

Fire procedures are checked by me; we have had a complete new risk assessment done and this is being actioned and logged by myself. The handyman checks the fire alarms each week and these are logged in the Fire File. The emergency lighting and fire alarms are tested by SA Electrical and certificates are filed.

Recommendations:

1. The Manager to work with staff at Flixton Manor to ensure that they respond to resident’s requests to use the toilet within an appropriate time.
2. Monitor that daily tasks carried out by staff for residents have been done and recorded correctly in checklists
Please see page 10 of the report.
3. Enable residents being able to exercise choice in personal hygiene.
4. Review communication needs of residents to ensure that residents can communicate effectively with friends and family outside the home.
Please see page 11 of this report under the heading of ‘fundamentals’.
5. Refresher Dignity and Respect training for care staff.
Please see page 11 of the report.
6. Review the administering of medication to residents by staff to ensure that residents are receiving medication at the appropriate time.
Please see page 10 of this report under the heading ‘daily routine’.
7. Have procedures in place to ensure that residents are eating and drinking sufficiently.
Please see page 10 under heading ‘daily routine’.



Providers response to recommendations

1. I have rearranged the way the toileting is managed to facilitate the three toilets that are on the ground floor so residents can be assisted more efficiently.
2. Some residents do have to be changed on their bed, as unfortunately due to their physical condition it would be unsafe for them to use the toilet facilities, for example their posture and balance.
3. The night staff check and change the residents at night every two hours. A resident could be changed up five times in one night.
4. Regarding the checklist being ticked. I [manager] have brought this to the attention of the Care Team Supervisor and it was also discussed at the staff meeting. This is being closely monitored.
5. Choice of menu. There is choice and a large variety of menus. The Cook will go around daily and request what the residents would like. There is a wide variety of breakfast offered including a full cooked breakfast and there is always a choice at dinner and tea-time.
6. The medication rounds commence at 8am, pain medication is given through the day and night as prescribed and RGNs do ensure that the correct time is adhered to between the medication. I [manager] will monitor the situation.
7. With regards to meals being taken away untouched. The Care Team Supervisor is monitoring the situation and I [manager] am also observing meal times.
8. With regards to a public phone, the residents have the use of the phones in the clinic room or office and are welcome to use them at any time. However, sometimes it is difficult to contact the relatives at the time residents may request to use the telephone. This has happened on a few occasions with messages being left on the relative's answer phone requesting them to call the home back so that the resident can speak to them.
9. At present the new bathroom is 'work in progress' but will be ready very shortly, residents are offered showers every week or more if required.
10. The Activities Coordinator has been appointed pending DBS checks and will be working Monday to Friday.



Appendix - 1: Predefined Questions Whilst on Visit

- **Wellbeing** - Are you happy here, what do you like best? Is there something you don't like?
- **Care** - Could you tell me about how the staff care for you? (Friendly? Helpful? Treat you with dignity?) If you have a problem, do you know how to ask for help?
- **Daily routine** - Does a regular carer help you to start the day? Can you tell me about your meals? (where do you have them & what are they like?) If you need medication, who gives it to you and when?
- **Safety & Environment** - How safe do you feel? Are you able to move about the home yourself?
- **Fundamentals** - Are you able to bathe when you want? What happens when clothes need washing? Can you have visitors when you want?
- **Inclusion** - What activities are available at the home? Can you go out by yourself?
- **Is there anything you would change?**
- **Further comments** - is there anything else you'd like us to know about?



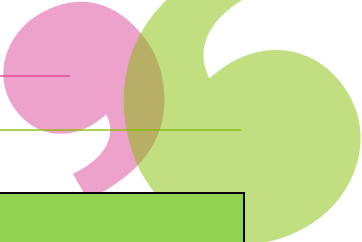
Appendix - 2: Questions answered by the Manager of Flixton Manor prior to the Enter and view visit

Address: 2-8 Delamere Road, Urmston, Manchester, M41 5QL

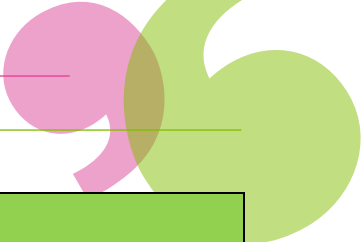
Manager: Mrs Susan Gerrard Porter

Date and Time: 1.00pm - 3.00pm Tuesday 7th February 2017

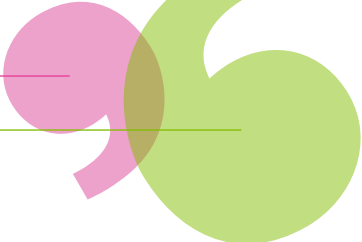
Questions for Management	Response
1. Night time staff cover: <i>How do they deal with residents who need the toilet during this period?</i> <i>What happens if someone is taken ill and a member of staff has to attend for any length of time?</i>	The residents that can have a commode in their bedroom, would be helped onto the commode and care staff would stay with them. The lead nurse who is on call would be contacted to come in and assist.
2. Day time staff cover:	There are five or sometimes six carers on duty and two nurses. At weekends, there is one nurse. We are doing a recruitment drive at the moment for carers, RGN and an activity organiser
3. Infection control <i>How is this maintained i.e. with visitors and amongst staff</i>	PPE is always available for all staff. There is also hand gel by the signing in book for visitors to use. If there was an outbreak, then notices are placed by the entrance notifying the visitors. In extreme circumstances the home would be quarantined if for example it was Norovirus.



Questions for Management	Response
4. Are security and fire procedures evident? <i>Are escape routes clearly indicated?</i>	There are policies in place, also the escape routes are clearly marked. Fire procedures are checked; fire alarms every week. Fire alarm system and emergency lights are checked every quarter. In the event of the home having to be evacuated there are plans for the home to use a nearby local primary school.
5. What actions does the home take to reduce falls/pressure ulcers?	Risk assessments in place, checked and observed regularly. Two hour turns are carried out and on occasion a different bed will be purchased; for example, one resident was at risk of falling out of bed, so a different bed was purchased which meant that the height was greatly reduced and improved and observations were every two hours. All pressure mattresses are checked and serviced on a regular basis [the senior nurse checks monthly].
6. If visitors and family have concerns how do they feedback to Management <i>What is the home's procedure for gathering residents /family and carers concerns or comments and what is the homes following procedure?</i>	Visitors and family will always either speak to the qualified nurse or manager. I will then talk to them as will the nurses regarding their concerns. If necessary, it would be followed up and acted upon accordingly. We always address families concerns. We have commenced staff meetings every three months so carers concerns can be addressed but they can be addressed at any time and do not need to wait for a meeting. We send out relative questionnaires for completion and will act on any concerns received. There is a complaints policy which is followed if required.



Questions for Management	Response
7. How often do you carry out a family and carers review?	Carers' reviews - staff supervisions are now being carried out, these will be done every six months plus yearly appraisals. Family reviews: these are done informally, speak to a lot of families every day when they visit or over the telephone.
8. Discharge from hospitals <i>What happens if management consider residents not able to return to home.</i> <i>Does the home have any concerns around discharge of their residents from hospital settings?</i>	Yes, I do have concerns about discharge of resident from hospital regarding certain issues which are now being looked into. If management, consider not able to return home assessment is carried out to ensure that the nursing home can meet their needs after discharge. Social workers and the families would be contacted. I have to say that this is a very rare occurrence.
9. How many residents would have the capacity to answer our questions?	About 10, but there could be more depending on the day as some days some residents can be more responsive.
10. How do you get feedback from your residents that find it difficult to communicate?	We can obtain feedback from their families also we can get feedback from the residents by observations and reactions.



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council

Healthwatch England

Trafford Health Scrutiny Committee

It will also be published online on the Healthwatch Trafford website
(www.healthwatchtrafford.co.uk)

 **0300 999 0303**

 **07480 615 478**

 **info@healthwatchtrafford.co.uk**

 **@healthwatchtraf**

 **Healthwatchtrafford.co.uk**



Floor 5, Sale Point

126-150 Washway Road

Sale, M33 6AG

healthwatch
Trafford