



Details of visit

Service address:

**Four Seasons Care Home
Brightmet Fold Lane, Brightmet, Bolton BL2
5NB**

Service Provider:

HC One for All

Date and Time:

2nd November 2016 @ 1.30 pm

Authorised

Representatives:

Jim Fawcett (supported by Karen Wilson)

Contact details:

info@healthwatchbolton.co.uk 01204 394603

Acknowledgements

Healthwatch Bolton would like to thank the Service Provider, residents and staff for their contribution to the Enter and View programme.

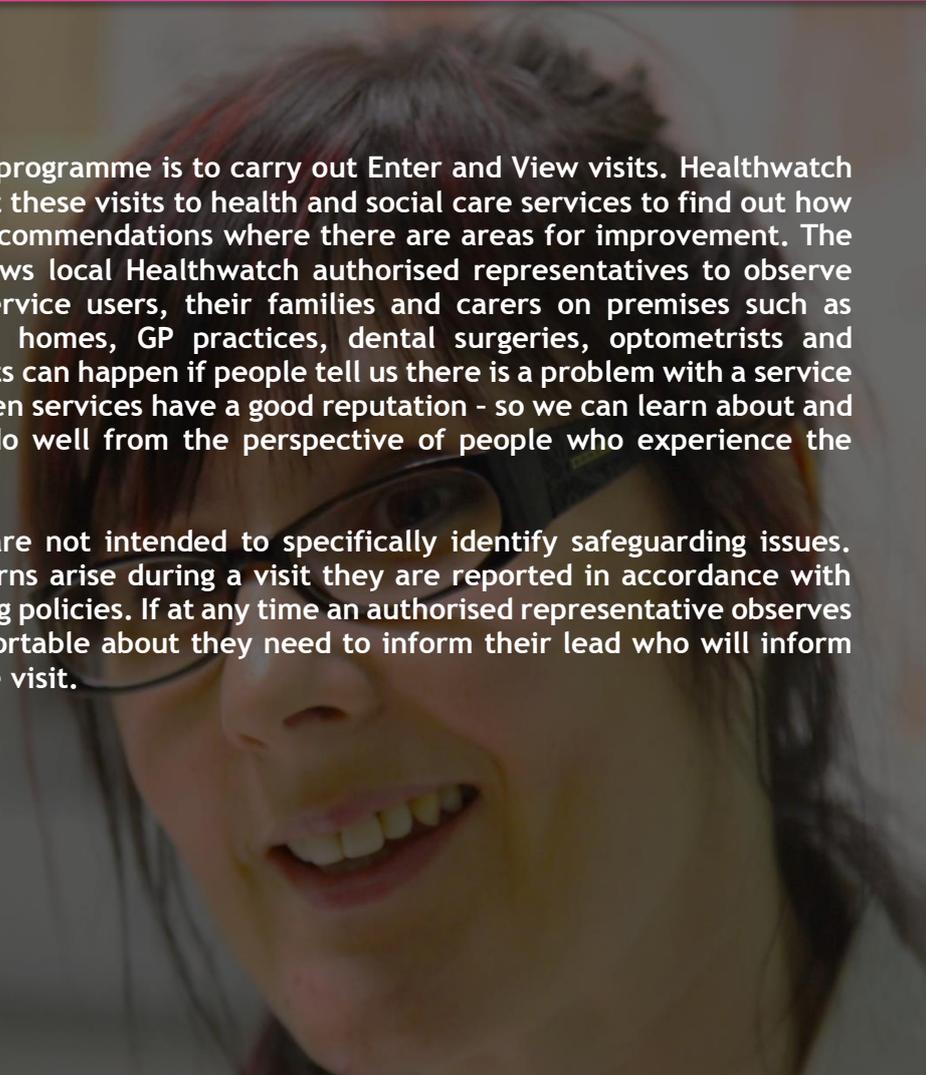
Disclaimer

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

What is Enter and View?

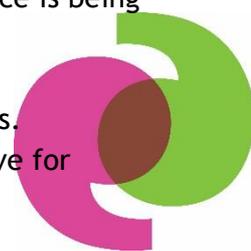
Part of the Healthwatch Bolton programme is to carry out Enter and View visits. Healthwatch Bolton representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care and 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 Bolton 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.



Purpose of the visit

- To engage with residents of care homes and understand how dignity and choice is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.



Strategic drivers

- CQC dignity and wellbeing strategy
- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care

Methodology

This was an announced Enter and View visit.

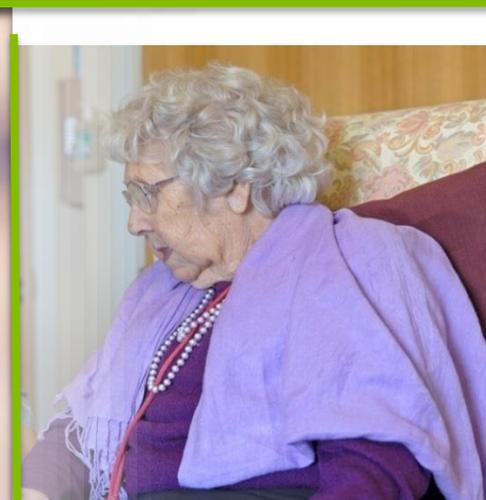
We approached a member of management before we spoke to anyone in the home and took their advice on whether any residents should not be approached due to; their inability to give informed consent, to safety or to medical reasons.

Following a discussion with Cath Berry, the Relief Manager, Authorised Representatives conducted short interviews with a further seven members of staff at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes, activities and staff training were explored.

Authorised Representatives (AR) did not approach residents at the care home due to their condition and late stages of dementia. We spoke to five family members and visitors who were informally asked about their experiences of the home. Topics such as accessing health care services from the care home were also explored, to help with our wider engagement work. The ARs explained to everyone they spoke to why they were there and took minimal notes.

A large proportion of the visit was observational, involving the ARs walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engage with staff members and the facilities. There was an observation checklist prepared for this purpose.

When the ARs had finished speaking to staff and visitors they left them with an information leaflet and explained that a draft report would be sent to the home to check factual accuracy and to allow the home to comment on any findings or recommendations.



Summary of findings

At the time of our visit, the evidence is that the home was operating to a good standard with regards to Dignity and Respect. However there are some questions about the home's ability to sustain these standards over time.

- Residents looked tidy and clean, we saw no evidence of dignity not being respected.
- We saw evidence of staff interacting with residents positively and regularly, including just checking they were okay if they had been sat for a while.
- Families were happy with the food choices offered to their relatives but feel the interval between meals is too short.
- Staff informed us that they received ongoing training.
- Both staff and relatives would like to see additional staff to allow time for more opportunities to interact with residents.
- Families would like to see more progress in relation to acting on the suggestions of the residents meetings.
- Families are concerned about poor record keeping and poor communication between staff.
- There were a number of comments in relation to uneven experiences (on different days or weeks) which suggests that the confidence of family members in relation to sustaining good care is circumspect.

Results of Visit

Environment

The home was clean and free from any unpleasant or artificial smell and our observations suggest that a high standard of hygiene is being maintained. The overall impression of the building was a calm and homely feel with pictures mounted on the walls along the corridors.

The building is a purpose built two-storey building split in to four living areas. There is access to patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine.

One of the units has been contracted by NHS Bolton Clinical Commissioning Group (CCG) to provide 'winter beds' which were due to go live on the 1st December 2016. The unit will provide 27 winter beds until the end of March 2017 starting with three admissions on 1st December rising by five per week.

The building is arranged so that there are a variety of lounges, quiet areas and dining rooms where residents can sit, watch TV or join in activities.

All corridors were free from obstructions and had a calm light airy feel whilst also decorated using colours and art to create a stimulating setting.

All bedroom doors are numbered and display a photograph and name of the resident.



Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. However, families that we spoke to felt that the personal care is average. We were informed that things have improved but are still erratic and 'go downhill' regularly.

"I have been asking for more than one bath a week for my relative but it has not been addressed yet"

"Simple things that matter a lot to us don't get acted upon"

Each resident has a key worker assigned to them who manages a resident's personal care and should work with the family to resolve any issues. However, when asked if the homes caters for individual needs, families weren't sure and said that it depends what shift, and which carers are on duty.

"Some staff care, others are just doing a job"

Staff told us that they get to know residents through day to day contact, through their family members from reading care plans and that they feel they have a good rapport with the residents they care for.

Promotion of Independence

Families explained that monthly resident/family meetings take place but felt that the same issues come up each time and are not acted upon. They felt that there should be more one to one activities and felt that things can get boring for their relatives.

There are choices at mealtimes and staff work with residents to make their own choice of food. Staff commented that they would like to see more opportunities for residents to get out and get involved in activities.

Interaction between Residents and Staff

We saw evidence of staff interacting with residents in a friendly and positive way. Residents were spoken to regularly to check that they were comfortable or whether they wanted anything.

Families felt that they knew the staff well and commented that if new staff started, if they did not wear a name badge then they made a point of finding out their name. They did explain that there used to be a staff board so everyone knew who was on duty. That is no longer displayed but a family did state that he has suggested that it be replaced.

Food

There is a four weekly rolling menu. There are two options for each meal and a pictorial menu is taken round each morning to discuss with residents individually.

Although families were happy with the food offered to their relatives they did feel that the intervals between meals is too short.

Recreational activities/Social Inclusion/Pastoral needs Families felt that there should be more one to one activities or activities tailored to a person's likes, e.g. baking. They felt things can get boring. Family members noted that activity staff also have other duties (so

their time is limited) and that sometimes an activity has been arranged but then that space or room is no longer available and so it is cancelled.

“They try their best, but their best isn’t good enough and more could be done”

Staff also felt that there should be more activities, and more opportunities for residents to enjoy outside activities, but need additional staff time to be able to do this.

Involvement in Key Decisions

Families did feel partly involved in their relative’s care. One person said that they had been involved in the care plan and another informed us that they are involved and informed of appointments, future care plans etc. However, this person told us that this information is often only shared on the day of the appointment and not in advance, even though they visit every day.

The home holds monthly residents meetings which are also open to families where suggestions could be offered but families felt these suggestions are not always acted upon.

Concerns/Complaint Procedure

The home confirmed that they have a complaints procedure, although no resident mentioned having used it to us.

Staff

All the staff we saw were smartly dressed with their name on and are known by their first name. They were all friendly to us and to the residents that we saw them interact with. The staff we spoke with had worked at the home between six weeks and ten years and were happy and felt that there is a good, friendly atmosphere which they enjoy. All staff were happy with their workload most of the time.

There was a large number of agency staff on duty at the time of our visit. Families feel that the use of agency staff is particularly problematic in respect of maintaining consistent communications.

Staff said that they are offered opportunities for further training and felt that training requirements are well satisfied. All said that they would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work and felt that there is a good

The staff we met were very positive about the service in the home and felt that resident and staff relationships are good; that the home is clean and comfortable and residents are well looked after and believe that the capital investment has been good and that there has been improved management.

“Staff morale is up because management are accessible”

Some staff members did comment that they did not feel appreciated by management and that they would benefit from additional staff, which would help them to offer more activities and be more flexible in matching needs of the residents.

Visitors and Relatives

Families generally felt that the care is good but when the home gets a good rating or good comment it gets complacent and it goes downhill again.

Families did state that they are welcome to visit anytime and stay as long as they wish and welcomed to use the facilities and stay for a meal with their relative/friend. All the families we spoke with visit daily, with one lady bringing her little dog in with her each day.

One lady said she never feels safe leaving her husband at night or with agency staff.

“There is very poor communication and documentation and when something has happened they cannot explain it because the records are poor. Agency staff on night shift had an on call doctor out to my husband but staff have no record of who called or which GP came out and I had to call his own GP out the following morning”

When the families were asked for any additional comments, there were a number offered:

“It is a lovely home and it cannot be faulted for the facilities but communications and documentation is very poor”.

“There is poor communication between staff – there is a lack of records, nothing is passed on”

“There is a dip this week as the manager is on holiday”

“There are problems with agency staff which they promised they would stop using but haven’t”

‘There is lack of attention to detail. I found my wife’s clothes screwed up on the floor of her wardrobe. No-one knew if they were clean and had fallen or if they were dirty. I bought some hangers and put my wife’s name on them but they have all disappeared”

“There is no communication – night shift blame day shift and vice versa”

“The home was poorly rated and it was down to staff and poor communication. There is still not enough staff and still poor communication. A lot of residents need hoisting requiring two staff so there are then not enough carers on the floor, especially if more than one person needs hoisting at any one time”

“We all come in every day out of care for our loved ones, but also because we feel that we need to be here”

The Authorised Representative did not speak with residents, due to their inability to consent. The accompanying Healthwatch staff member did alert a senior carer when she heard a commotion from a bedroom which caused concern. The senior carer of the unit responded immediately by checking on the lady, explaining her specific difficulties and then

introducing the staff member to the lady and her husband who confirmed the situation and said that staff were working with himself, his wife and her consultant to look for solutions.

Some bedrooms have an alarmed bedside mat although one lady commented that her husband's mat had disappeared for two nights. She raised the matter with staff as his sensor mat is vital to his safety but staff did not seem concerned so she had to search herself and eventually found his in a utility cupboard.

Additional findings

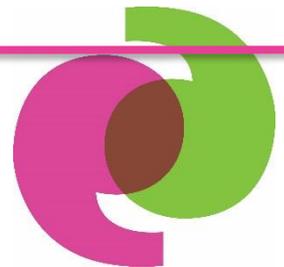
A private podiatrist visits most residents every six weeks with not many using the NHS as they receive an erratic service and with the new criteria some residents were removed from the list.

Staff felt that they had good access to GPs, opticians and district nurses but felt general dental care is lacking, although three residents have complicated oral hygiene issues and a local dentist visits and looks after them well.

A senior carer explained that it would help the home if they could refer residents directly to the dietician without having to go through a GP. This can waste time when the home may only need advice or confirmation of a food regime.

Recommendations

- Communication must be improved between members of staff and between staff and relatives.
- Documentation to support staff handovers needs to be used to much better effect.
- A dedicated activities coordinator would allow activities to be prioritised and result in a more robust and personalised programme and might allow for more opportunities to participate in activities outside the home.
- Less frequent resort to employment of agency staff would help relatives gain more confidence in the care of the residents



Service Provider response

No response received from the Provider.