



Details of visit

Service address:

**Withins Residential Home
38-40 Withins Lane, Bolton BL2 5DZ**

Service Provider:

Withins (Brightmet) Limited

Date and Time:

20th September 2016 @ 10 am

Authorised

Representatives:

Eileen Bennett & Anne Bain (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.

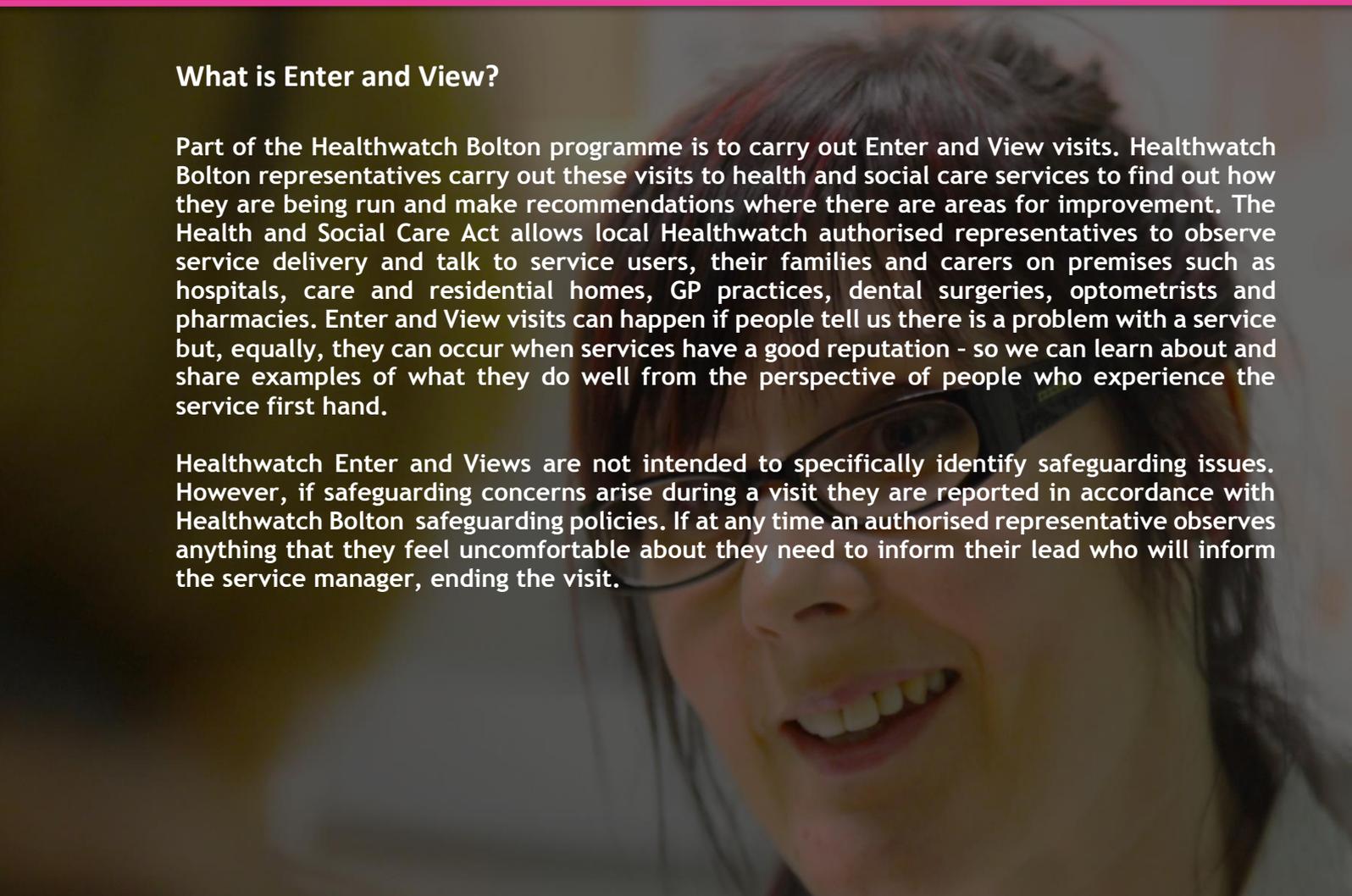
Disclaimer

Please note that this report relates to findings observed 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.
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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, or due to safety or medical reasons.

Following a discussion with Sam Shahbazi, the Manager, Authorised representatives conducted short interviews with 10 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 also approached 3 residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home were also explored, to help with our wider engagement work. Family members and visitors were also spoken to as they were with a relative at the time. They explained to everyone they spoke to why they were there and took minimal notes.

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

When they had finished speaking to staff and residents 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 very good standard of care with regard to Dignity and Respect

- Residents looked tidy and clean, we saw no evidence of dignity not being respected
- We saw evidence of staff interacting with patients positively and regularly, including just checking they were okay if they had been sat for a while
- Residents had a key worker to look after their personal care and deal with their concerns
- Residents told us that they were very happy with the food
- We were informed about a variety of social activities, individually tailored to suit each resident.
- Staff told us that they received ongoing training in providing a service centred around dignity and respect
- A minority of staff we spoke to felt that staffing levels could be improved and some staff did inform us that they would like time to sit and chat with residents more
- Staff raised concerns about domiciliary dental and podiatry services

Results of Visit

Environment

The home was really 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 purpose built and arranged over three floors. The ground floor has access to patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine and flower beds and there is access to a well used roof terrace from the first floor

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 uniform standard hotel look about them.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. The residents we spoke with were happy with their personal care, although many residents are able to be partially independent. When asked if the homes caters for individual needs, residents were positive and also explained that they make their own choices. One lady did complain about having to have pureed food as she would like normal meals but it was explained to us that the home is following clinical advice and work with her therapist, dietician and clinicians to support her.

Each resident has a key worker assigned to them who manages a resident's personal care and works with the family to resolve any issues.

Staff told us that they feel that they get to know the residents through chatting and interaction and by reading their care plans, and are able to build relationships with residents and their families. Some staff said that they would like more time to hat with residents and have no time to read through care plans, only finding information out on staff handovers.



All bedroom doors are numbered and some display a photograph of the resident if that person is prone to confusion.

Promotion of Independence

The residents who are able, like to go out on arranged activities or with family.

Residents explained that they make their own choices about some things and decide when they want to go to bed or get up.

“I get up when I want to and I like to get out and about”

Staff explained that residents are encouraged and motivated to do things. Many are active and like to potter around.

Some people have their own mobiles and a few have landlines in their room arranged and paid for by family.

In the dining areas there are drinks machines available for use by residents and visitors. The Manager explained that the machines are safer than boiling kettles and minimised risk of scalds and burns

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. We observed that the Manager knew every resident and visitor by name and addressed them personally relating to something he was aware of, whether it be a TV programme or music they enjoyed or if they had enjoyed a certain activity recently.

Residents

The Authorised Representative spoke with two residents individually in various parts of the home who have lived at the home for two years, although we spoke to many more as we moved around the accommodation. We were shown some bedrooms by the Manager to explain a standard room ready for a new resident moving in to a more personalised room.

All rooms are en-suite and for those residents with a mobility problem there is an infra-red system linked to the nurse call so that staff are made aware immediately if a resident has a problem without that resident needing to call staff in distress.

All the residents we spoke with felt at home and said that they liked living at The Withins, felt cared for and that the home catered for their individual needs.

“I like being here. My mobility is an issue but I do like activities and join in knitting”

Food

There is a 4 weekly rolling menu, with options of each mealtime displayed on a menu in the dining rooms. There is a choice of cooked breakfast, porridge, cereals, toast etc. and lunch and tea offer 2 choices for each course with snacks, drinks offered throughout the day and a supper offered in the evening.

Residents and families appear to be content with the care they receive and the meals. All the residents we spoke to were very happy with the food.

Visitors and families 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.

Recreational activities/Social Inclusion/Pastoral needs

The home has two full-time and one-part-time activity co-ordinators. Low level exercises are offered, a variety of activities, singing sessions, crafts etc. and anyone not wanting to join in a co-ordinated activity will be given something like a hand massage and a member of staff will sit and chat with them.

Many activities are arranged on a one to one basis by individual choice.

Residents told the Authorised Representatives that there is a good variety of activities and some good parties when friends and family are also invited.

“There is a good variety of activities. There are good parties but Joan drank all the Baileys and didn’t share. I make the most of being here”

Involvement in Key Decisions

The Manager explained that care plans are reviewed and signed periodically by family and family we spoke with confirmed that they are involved in the care of their relative and informed of anything to do with their care.

There is a bi-annual resident and family meeting but the Manager explained that he encourages and hopes that families and friends are comfortable enough to speak to him or the staff whenever they have a concern, question or suggestion rather than store it for a meeting.

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 in uniform 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 ten months and 12 years and were happy and felt that there is a good atmosphere which they enjoy. A minority of staff felt that their workload could be heavy and that there is not always enough staff although the Manager had informed us that there is 1:10 care staff ratio and that the sole responsibility for care staff is to care. There are laundry staff, housekeepers, cooks, maintenance staff etc. but they are not included in the care staff ratio.

“The workload is heavy. There are not always enough staff and there is favouritism”

“I have no time to read care plans. I only find information on staff handovers but we have good relationships with the residents”

They are offered opportunities for further training and felt that training requirements are well satisfied. The majority 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 team spirit and good relations between staff and residents.

The staff we met were very positive about the service in the home and the majority were happy with their workloads but did feel that staffing levels can be a concern sometime.

Visitor and Relatives

We spoke with several visitors who said that they believe their relatives feel safe and that the home caters for their individual needs.

They were all very happy with the service offered by the home and felt welcome and involved.

Additional findings

The Manager explained that a Community Matron calls in most days and if staff are concerned about a resident's health she will assess the person and arrange for the GP to call if necessary.

A private podiatrist visits most residents as the NHS service is inadequate and inconsistent, although some residents will still use the NHS podiatry service.

There is no dental domiciliary service for the home but residents do get an excellent service from a local dentist who works with them to accommodate resident's needs.

The home is served by a domiciliary optician service.

GP surgeries provide care for the residents and the home is happy with the service from them. Some residents have maintained their own GP if they have stayed within the GP catchment area.

If anyone is taken in to hospital in an emergency the home sends an incident report with them including an infection control report and mediation notes. If a family member is unable to accompany their relative then a carer will chaperone them.

If any resident has been in hospital and is due for discharge the Manager will visit the hospital to undertake an assessment and to make preparations for the resident returning to the home. The Withins does not take discharges after 7pm and work with hospitals and discharge teams to make sure this does not happen.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

- The staff indicated that there are problems with access to the community dentist. Please send details of individual issues to Healthwatch Bolton and we will ensure these are passed onto service providers and commissioners
 - Monitor staffing levels and staff satisfaction
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Service Provider response

It was nice to meet you all, I think Healthwatch is a really valuable service for people in Bolton. It's such a mine-field trying to tap into care services for people and it can be really stressful for those looking for care services.

I've had a look at the report and I'm happy with the findings. The only area which I felt was unfair is the staffing area and I'll explain why :

As an independent provider we provide much higher staffing ratios than required by CQC which is why many families have chosen our home over others. What we have noticed in recent years is the growing complexity in the needs of those who use our service.

This has made things much more labour intensive for our staff and they've certainly felt the pressure. At the time of your visit this was a burning issue amongst our carers and in response we introduced an extra member of staff onto our day-shift. This was introduced some weeks ago in order things calmer and more pleasant.

I do agree with that staff get less and less time to just sit and chat with residents however. This really is an industry gone mad with paperwork and red tape and a LOT of time is taken up with documentation which could be better used spending quality time with our residents.

Regards
Sam
Registered Manager
