



Details of visit

Service address:

**Blackrod House Residential Care Home
Chorley Road, Blackrod, Bolton BL6 5JS**

Service Provider:

Blackrod House Limited

Date and Time:

7th September 2016 @ 1.30 pm

Authorised

Representatives:

Eileen Bennett (supported by Karen Wilson)

Contact details:

Healthwatch Bolton 01204 394603
karen@healthwatchbolton.co.uk

Acknowledgements

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

Disclaimer

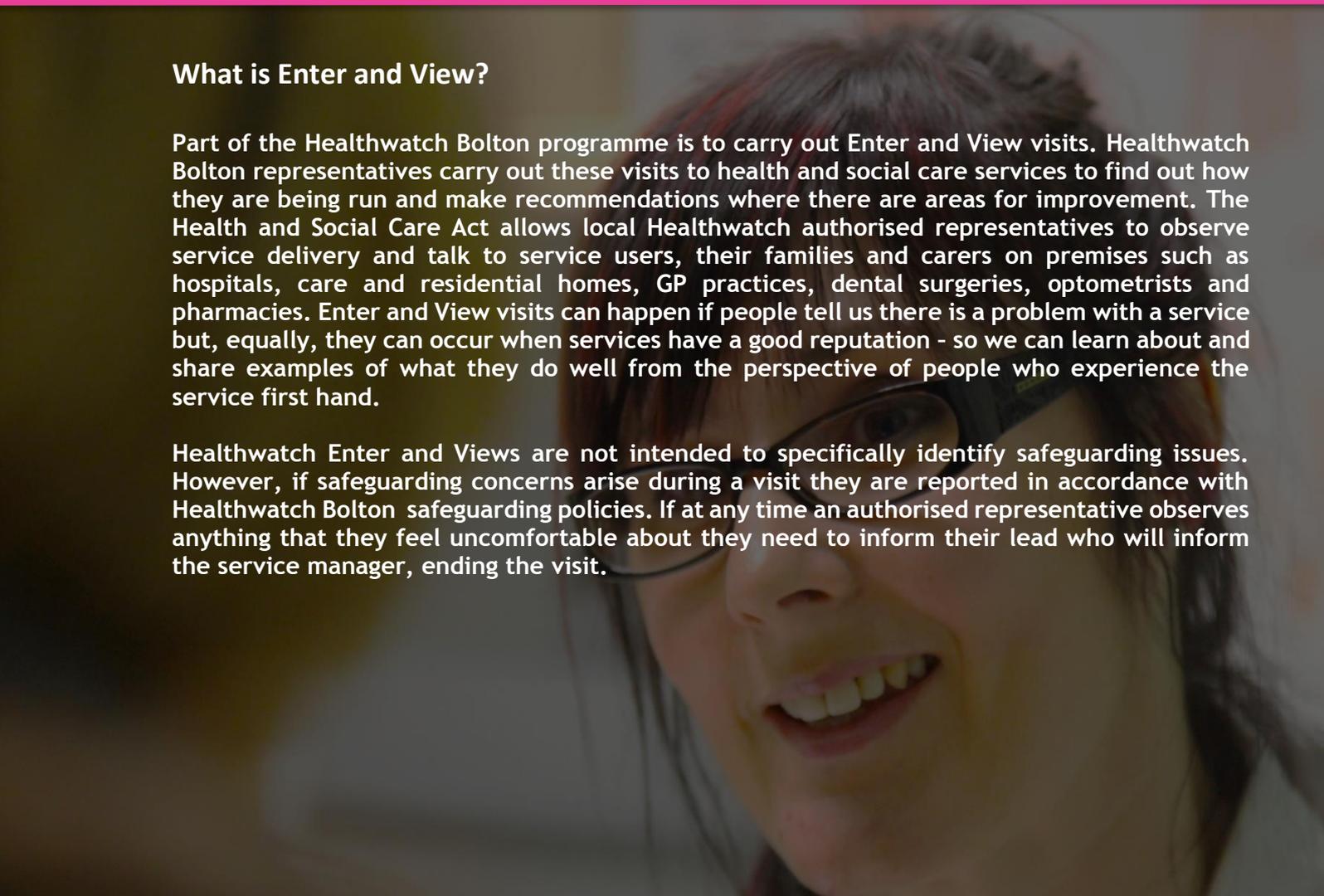
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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



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 care 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 Irene Burton, the owner and Janette Simms, the Manager, Authorised representatives conducted short interviews with 4 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. A family was 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 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
- We were informed about a variety of social activities
- Staff told us that they received ongoing training and we observed arrangements taking place for staff to become Dementia Friends. The Home also has an excellent apprenticeship programme
- Staff we spoke to felt that staffing levels were a concern, particularly during periods of staff holiday or sickness and staff did inform us that they would like time to sit and chat with residents more
- Staff raised concerns about dental care

Results of Visit

Environment

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

The building is arranged over three floors; the ground floor being residential and the first and second floor housing the dementia unit.

Everyone has access to a dementia friendly patio and garden area where residents can sit out in warmer weather to enjoy the sunshine and flower beds. This area was busy during the time of our visit with residents and their visitors, and staff enjoying the sunshine.

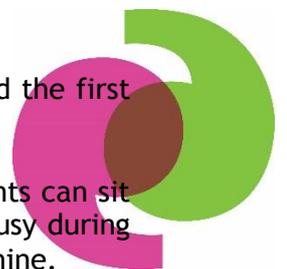
All areas appeared fit for purpose. The corridor of each floor is painted a different colour to help with orientation. Each bedroom door is painted a different colour with the colour theme going in to the room. Doors display room number, photograph and name of resident and at the wall at the side there is a memory display box.

All bathroom doors are blue, communal doors raspberry and 'disappearing doors' are blended the same as the wall colour i.e. key coded doors.

The majority of rooms are ensuite.

Residents with mobility issues are housed on the ground or first floor which has access to a small quiet lounge, hair salon, well equipped sensory room, 1950s themed reminiscence lounge, a lively activity room and a dining room.

The second floor has access to a lounge and an open roof terrace. We noted during the visit that a fan heater was plugged in on the second floor corridor, which could be a trip hazard.



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. When asked if the home caters for individual needs everyone said yes, although one person said that “they (the staff) sometimes need to be reminded”.

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 by reading care plans and life stories and through chatting and interaction, although they felt that if staffing levels could be improved it would be more opportunities for 1:1 conversation.

“I enjoy working at Blackrod House I just feel that staffing levels could improve “

All bedroom doors have the residents name and photograph displayed.

Promotion of Independence

We were informed by Irene Burton that all residents are encouraged to be as independent as they are able.

Residents who are able help out at meal times, laying tables etc. and all residents and visitors are free to help themselves to drinks from the small kitchen area in the dining room.

Some people have their own mobiles.

Pictorial signs are displayed around the building including the daily menu in the dining room.

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 and there was a lively activity session taking place during our visit.

Residents

The Authorised Representative spoke with three residents individually in various parts of the home who have all lived at the home for approximately 12 months. We did not enter any bedrooms.

All three residents spoken with felt ‘at home’ and said that they are mostly able to make choices about their daily routine and that the home caters for their individual needs. Everyone felt safe and cared for.

“I’m eating well here and it’s comfortable”

“I make choices important to me”

“I enjoy being here. I decide what to do when I see what is happening”

Food

There is a 4 week running menu with 2 choices of each course offered at each meal, and alternatives can be prepared if requested by a resident. Afternoon snacks and supper is available and drinks provided regularly or made by a resident for themselves.

Residents appear to be content with the care they receive and the meals. All the residents we spoke to were very happy with the food, although a member of staff felt that the meals could be improved.

Recreational activities/Social Inclusion/Pastoral needs

An activity co-ordinator is employed but during our visit a member of staff was hosting a lively session playing ball in the activity room with a group of ladies.

There is a timetable of activities offering a wide range of activities such as baking, movie afternoons, dominoes and board games, craft sessions, armchair aerobics. We were, however, informed by staff and we observed, that activities may not always happen if residents are tired or do not want to take part or if they decide they want to do something different.

We were informed that trips out are arranged and entertainment is brought in. Dementia patients attend 'singing for the brain' sessions held locally. The Activity Co-ordinator occasionally takes a resident into the village 1:1 for a coffee or walk around the shops and some families take their relative out on trips.

Involvement in Key Decisions

A family we spoke to during the visit explained they are all involved with their relative's care and fully involved in any decision making and kept informed regarding any concerns, appointments and future care plans.

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 2 weeks and 2 years and were happy and felt that there is a good atmosphere which they enjoy.

The home offers an apprenticeship programme and currently have 6 apprentice carers.

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 *some of the time* 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.

"The carers do their job to a high standard and we have an excellent Head of Care"

"Everyone is friendly to work with. All staff ensure that each resident is receiving the correct care"

“We need more staff to ensure smooth running of the home when holiday/sickness. It would be good if agency can be involved – this has already been discussed”

“More staff would enable more 1:1 with residents”

Visitor and Relatives

We spoke with a family visiting a relative. They believe their relative feels safe and she is always relaxed. They had no complaints and felt that the home caters for her individual needs.

“It’s friendly, clean and homely – hygiene is excellent. It’s very caring and feels like a home rather than an institution. Quieter areas would help as we cannot always hear each other as mum speaks quietly”

Additional findings

The home is registered for 30 people. There are currently 28 residents as two rooms are double rooms but currently have single occupancy. There has been an occasion when a married couple stayed at the home for respite.

All residents are registered with local GPs. If a new residents wants to keep their own GP then as long as their GP agrees that is arranged.

We were informed that the home has a good service from the GPs and district nurses.

All residents are registered with the podiatry service for foot care but the home has complained that visits are erratic and they are not informed when they will be attending so the private podiatrist who visits some residents will see anyone who requires a check-up or treatment.

There are problems accessing a domiciliary dental service for residents unless it is for denture repairs.

Recommendations

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

- Monitor staffing levels and agree plans for holiday and sickness periods
- Keep corridors clear of trip hazards
- Make sure all staff are up to date with individual care needs
- Offer visitors opportunities to use quiet lounges when visiting family or friends
- Promote the apprenticeship scheme as an example of good practice

Service Provider response

No response received

