

Details of visit

Service address:

Hyde Lea Care Home
49 Sharples Park, Astley Bridge, Bolton BL1 6PG

Service Provider:

Mrs. Margaret L Lowe

Date and Time:

24th February 2015 @ 10 am

Authorised

Representatives:

Eileen Bennett (supported by Karen Wilson)

Contact details:

Healthwatch Bolton, St. Georges House, 2 St. Georges Road, Bolton BL1 2DD

Acknowledgements

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

Disclaimer

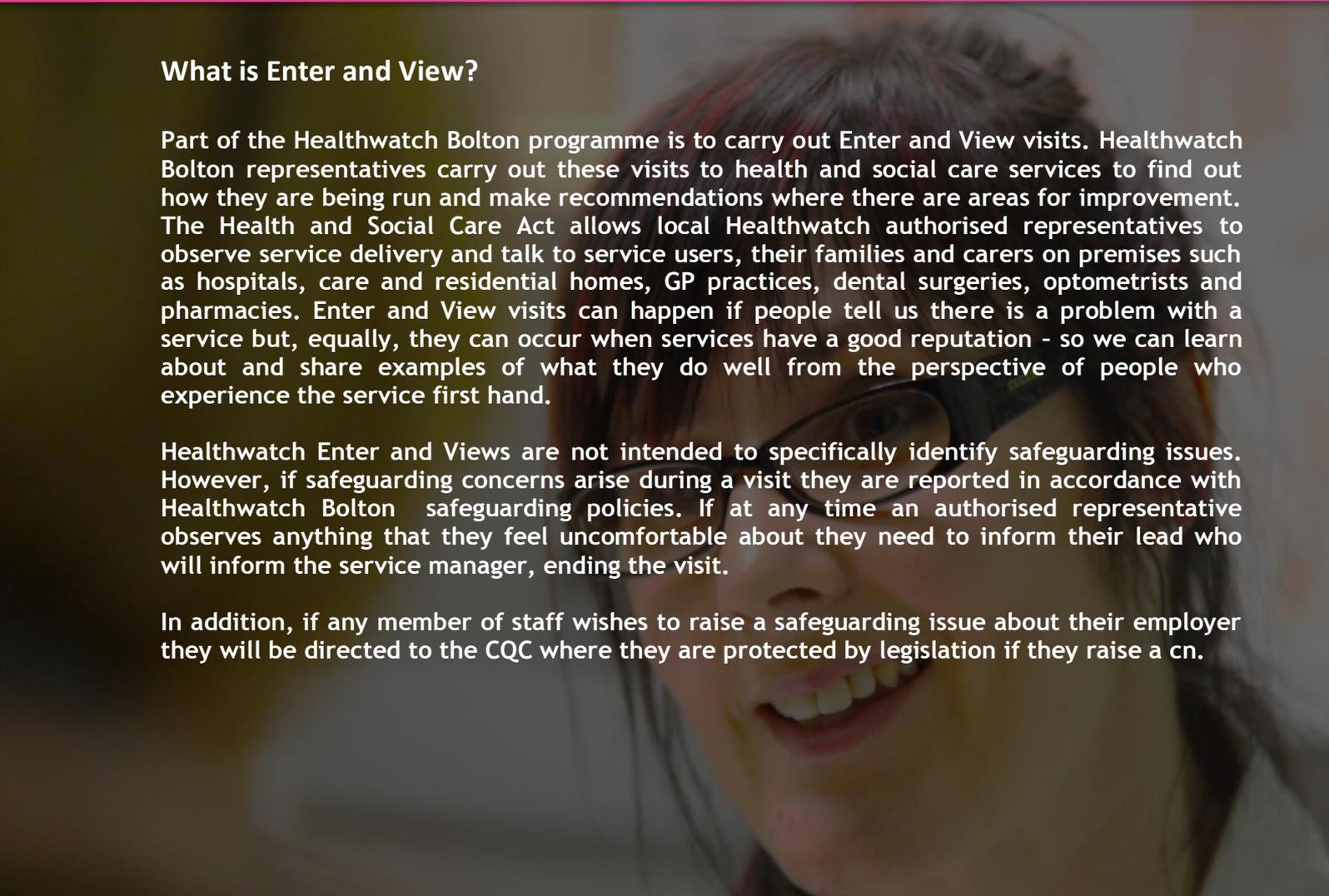
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

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.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a cn.



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 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 the Mrs. Lowe and the Manager, Authorised representatives conducted short interviews with a member 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 two 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 member 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 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 and we saw evidence that they received ongoing training in providing a service centred around dignity and respect
- Staff raised concerns about dental care.

Results of Visit

Environment

The home was really clean and free from any unpleasant or artificial smell. The overall impression of the building was a calm and homely feel with lots of pictures mounted on the walls along the corridors.

The building is arranged so that there is a small patio and garden area where residents can sit out in warmer weather to enjoy the sunshine and raised flower beds.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. We visited on the day of the hairdresser's weekly visit and many of the female residents had, or were having, their hair done in an area clearly used as the salon for the day. The residents we spoke with were happy with their personal care and felt that the home caters for their individual needs.

"I have a bad shoulder so staff help with my personal care such as washing and dressing as I need it at the moment"

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 are given all the information they require in order to understand an individual resident's needs and triggers. Staff are allowed the time to sit one-to-one with residents, listen to their life stories, reminiscing using photos and information brought in by families so they get to know a person.

One member of staff explained "this is their home, everyone else is their guest"

All bedroom doors have a picture of the resident, their name and name of their key worker.

Promotion of Independence

Due to the nature of their illness most of the residents prefer not to go out but the one or two who like to prefer short half hour trips to the supermarket or shop with a member of staff, although occasionally they like to go out for a meal or snack.

One lady explained that she likes to potter around helping out with little jobs such as laying tables which she enjoys.

There were pictorial signs displayed around the home indicating individual bedrooms, dining room, bathroom, garden, etc.

Interaction between Residents and Staff

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

Residents

The Authorised Representative spoke with 2 residents individually in various parts of the home who have lived at the home between a few months and 5 years. We did not enter any bedrooms. All those spoken to felt 'at home' and comfortable and liked the friendliness of the staff.

Observations were made of members of staff joking with patients. There appeared to be a genuine comfort and rapport between residents and staff.

Food

The daily lunch and tea menu is displayed on a white board although if a resident does not like or want the set meal they can request an alternative. Meals are not served at one particular time but within a longer time frame which fits around residents wishes.

There is a 4 weekly menu and staff have worked with the residents to create a menu based on their preferences, although taking into consideration the nutritional value

The drinks trolley also does its round regularly with drinks and snacks offered to suit each individual resident.

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.

Recreational activities/Social Inclusion/Pastoral needs

There are a variety of activities on offer individually tailored to each resident including games; indoor bowling; opportunities for ladies to have their nails done.

A keep fit instructor visits the home and has assessed each resident and drawn up appropriate exercise for anyone who wants to take part.

Many residents prefer not to go out as they find it upsetting and tire easily, but one or two like short trips to the shops or to go for a meal.

The local church visits residents on Sundays to offer Holy Communion and volunteers from a befriending group visit the home regularly.

Some residents have their own mobile phone to keep in contact with family and friends and the home provides the opportunity to skype.

Involvement in Key Decisions

Meetings have been held with residents and families to draw up a new 4 weekly menu and to discuss preferred activities.

A visitor we spoke to during the visit explained he is not involved with his relatives's care but knows that her son is 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 an identifiable but non-nursing type 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 4 years or more and were happy and felt that there is a good atmosphere which they enjoy. They are offered opportunities for further training and would feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work. The staff we met were very positive about the service in the home.

Staff hold regular meetings to discuss ways of further improving their service.

“We never stop training, all opportunities for training are taken up”

“My mother was in this home before I started to work here”

“It's a relaxing, caring home. It is not an institution and we make it as much a home as possible”

Visitor and Relatives

We spoke with a gentleman who was visiting his relative. She has been a resident a relatively short time so he has nothing to compare with but felt that his relatives seems very content, stated that it is very homely and he is always made welcome. He reported that her son is fully involved with her care and kept informed.



Additional findings

Staff are happy with the GP who visits the home regularly but is always available if a resident is poorly or staff have a concern. A podiatrist visits every 12 weeks and the optician does 12 monthly check-ups.

Staff raised concerns about dental services None of the residents receive dental check-ups as they cannot get a dentist to come out to the home. If a resident requires emergency treatment it can be distressing as a member of staff has to take that person to a dental appointment and if any dentures are broken they have to be sent away to be repaired.

A recent NICE publication talks about helping people to retain their independence and identity and by supporting care home residents to go at their own pace and participate in activities they enjoy is part of helping them retain this and respecting their right to make their own decisions (unless they lack capacity) is also a part of this process. From the evidence we collected and observed during our visit Hyde Lea appear to be keen to follow this ethos.

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

Service Provider response

We would like to thank Healthwatch for coming into the home, we are always grateful for reviews on the service we provide.

