



**Details of visit**

**Service address:**

**St. Catherines Care Home**  
Queen Street, Horwich, Bolton BL6 5QU

**Service Provider:**

**Four Seasons Healthcare**

**Date and Time:**

**16<sup>th</sup> July 2015 @ 2 pm**

**Authorised**

**Representatives:**

**Eileen Bennett & Jim Fawcett (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.

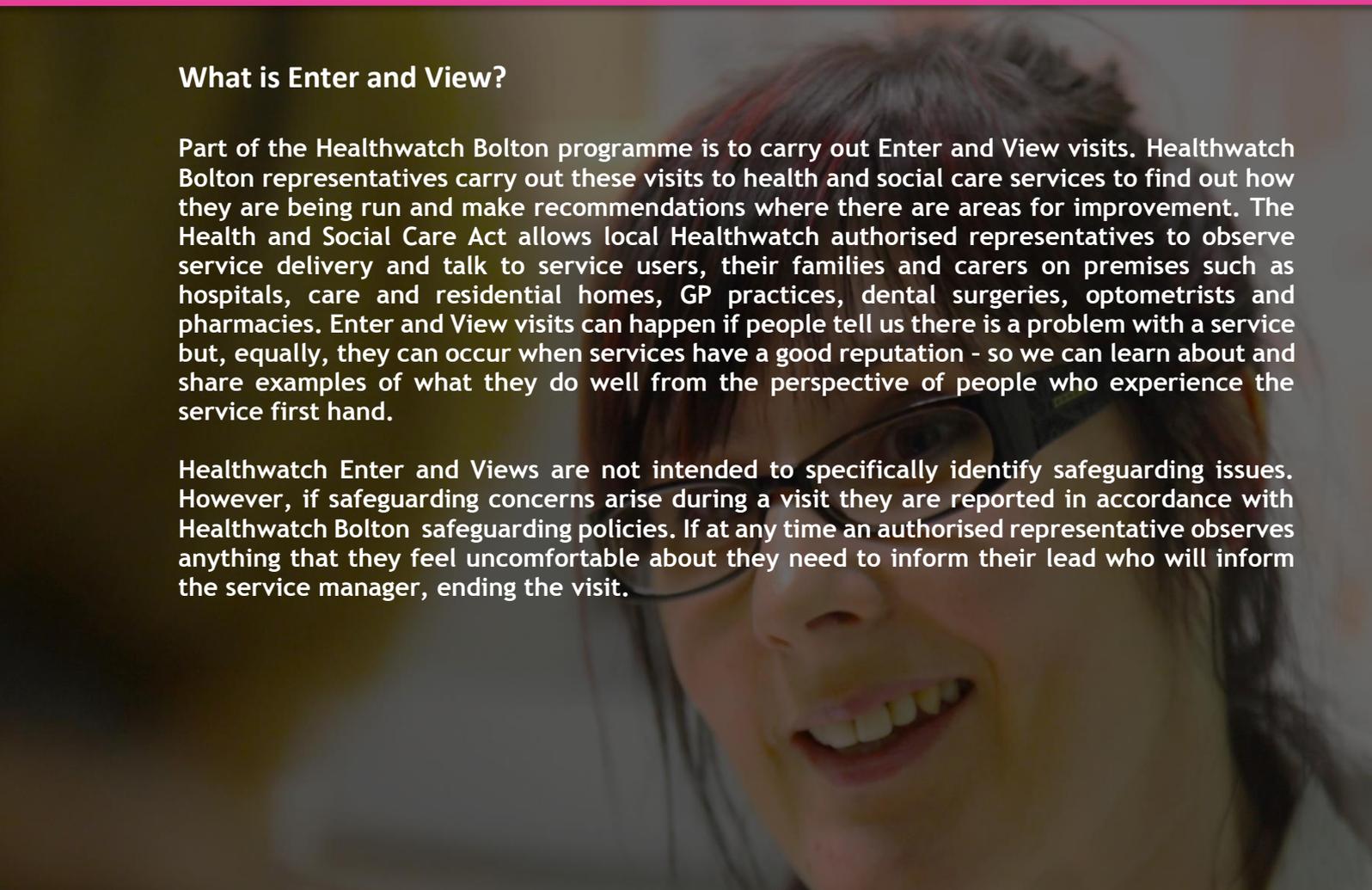
**Disclaimer**

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.



## 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 Gillian Johnson, the Manager, Authorised representatives conducted short interviews with 6 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 7 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 have been 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. Some residents disagreed with this, although this should improve with the appointment of the Activities Co-ordinator
- Staff told us that they received ongoing training in providing a service centred around dignity and respect
- Staff, residents and the visitor we spoke to felt that staffing levels were a concern and staff did inform us that they would like time to sit and chat with residents more
- Staff raised concerns about dental care.

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## 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 lots of pictures mounted on the walls along the corridors.

The building is arranged in to two areas. On one side is the general nursing home which is arranged over 2 floors and at the other side of the reception area is the EMI unit on one ground floor. Both units have access to patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine and flower beds.

Both units appeared fit for purpose with the EMI unit being decorated using stimulating art and displays to support reminiscence therapy. All corridors were free from obstructions but offered small quiet nooks where people could sit to chat or watch tv and help themselves to juice, water or biscuits.

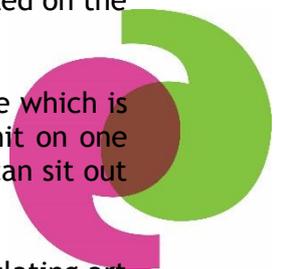
### Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. The residents we spoke with were happy with their personal care, although one person did say that there occasionally problems with long waits for toileting support. When asked if the homes caters for individual needs, there was a mixed response and one person felt that the staff on the evening shift can be very rude.

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 when they are helping with choice of food and serving meals, although some felt that they would like more time to sit and talk to people and get to know them.

All bedroom doors have the residents name on.



### **Promotion of Independence**

Due to the nature of their illness some residents choose not to go out but some like to visit Horwich RMI Club or to go out for a pub lunch.

Some people have their own mobiles and there is an opportunity to skype using the home's ipad. One gentleman could not attend his granddaughter's wedding but watched the ceremony on the ipad and communicated with family through it.

On the first floor of the general nursing unit is a small kitchen which can be used by visitors, residents who are able and can be used by the OT when assessing someone who is in for respite care.

### **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.

### **Residents**

The Authorised Representative spoke with 7 residents individually in various parts of the home who have lived at the home between 4 months and years. We did not enter any bedrooms.

Of the 7 residents spoken with only one felt 'at home'. Others said they miss home and would like to back, and although there was a mixed response on whether the homes caters for individual needs, everyone felt safe and cared for.

There is a married couple who live in the general nursing unit, although in adjoining bedrooms. The lady needs nursing care but the gentleman only requires residential care. The Manager explained that the home does not usually take people who only require residential care but agreed to take the gentleman as his wife was already at the home and they did not want to split them up. However, during a chat with them, the wife stated that they would like more time in the evening together.

"I would like to spend more time with Tom in the evenings. I can't remember the last time I saw him in his pyjamas. "

"They don't let me stay with E. It's not about sex, we would just like to cuddle in our own place"

The comments were raised with the Manager who agreed to arrange time for them.

One lady stated that as she was sitting throughout the day, having some type of physiotherapy would be beneficial. Her comment was supported by 3 residents sitting with her.

### **Food**

There is no mealtime menu on display at the home as each a member of staff speaks to each individual about the day's options or their chosen alternative. Mealtimes are over 2½ periods although everyone is treated individually.

The drinks trolley also does its round regularly with drinks and snacks offered to suit each individual resident. And there are small refreshment stations around the home offering juice, water and biscuits.

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**

A timetable of activities for July which was on display suggested a wide range of activities such as baking, movie afternoons, dominoes and board games hosted by the Princes Trust, armchair aerobics, indoor bowls, Holy Communion visits from the neighbouring church and preparations for the Summer Fayre. We were, however, informed by staff that activities may not always happen if residents are tired or do not want to take part.

Many activities are arranged on a one to one basis by individual choice although a new activities co-ordinator has been appointed to encourage people to join in.

One or two residents told the Authorised Representatives that there is nothing to do, but this should improve with the appointment of the new co-ordinator.

### **Involvement in Key Decisions**

A visitor we spoke to during the visit explained she is involved with his relatives's care and is fully involved in any decision making and kept informed regarding any concerns, appointments and future care plans but felt that she would like to see more to involve the residents in what is happening.

### **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 months and 9 years and were happy and felt that there is a good atmosphere which they enjoy. Some told us that they started off as volunteers and have worked through qualifications to their current positions.

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 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.

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

**"I'm very happy to work here – it's homely and friendly"**

**"Residents are well care for but it would be better if I could sit with them"**

### **Visitor and Relatives**

We spoke with a lady who was visiting her relative. She said that she believes her relatives feels safe and she feels that the home caters for her individual needs but that the personal care is average. She felt that more staff were needed and she would like to see more people invited to the home to chat to the residents.



## **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 podiatrist visits the residents who need regular check-ups and some residents have their own private podiatrists.

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.

The visitor we spoke with told us that she brings a dentist to her relative as there has been a problem with infections and the home has not taken responsibility.

The representatives from Healthwatch Bolton were challenged by staff to provide identification, something we were happy to do and keen to note and highlight.

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## **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 the attitude of staff on the evening shift
- Monitor the personal care residents receive. Comments received from residents included complaints of long waits for toileting support and if someone wants to go to bed later than 7pm there is a wait when they are ready until staff have time, which can be distressing

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## **Service Provider response**

I have read the report and agree with the findings.

**Kind Regards**  
**Gillian Johnson**  
**Home Manager**

