



Details of visit

Service address:

Glenbank Care Home
803 Chorley Old Road, Bolton BL1 5SL

Service Provider:

Glenbank Care Home Limited

Date and Time:

25th April 2016 @ 10.30 am

Authorised

Representatives:

Eileen Bennett & Anne Bain (supported by Karen Wilson)

Contact details:

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Acknowledgements

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

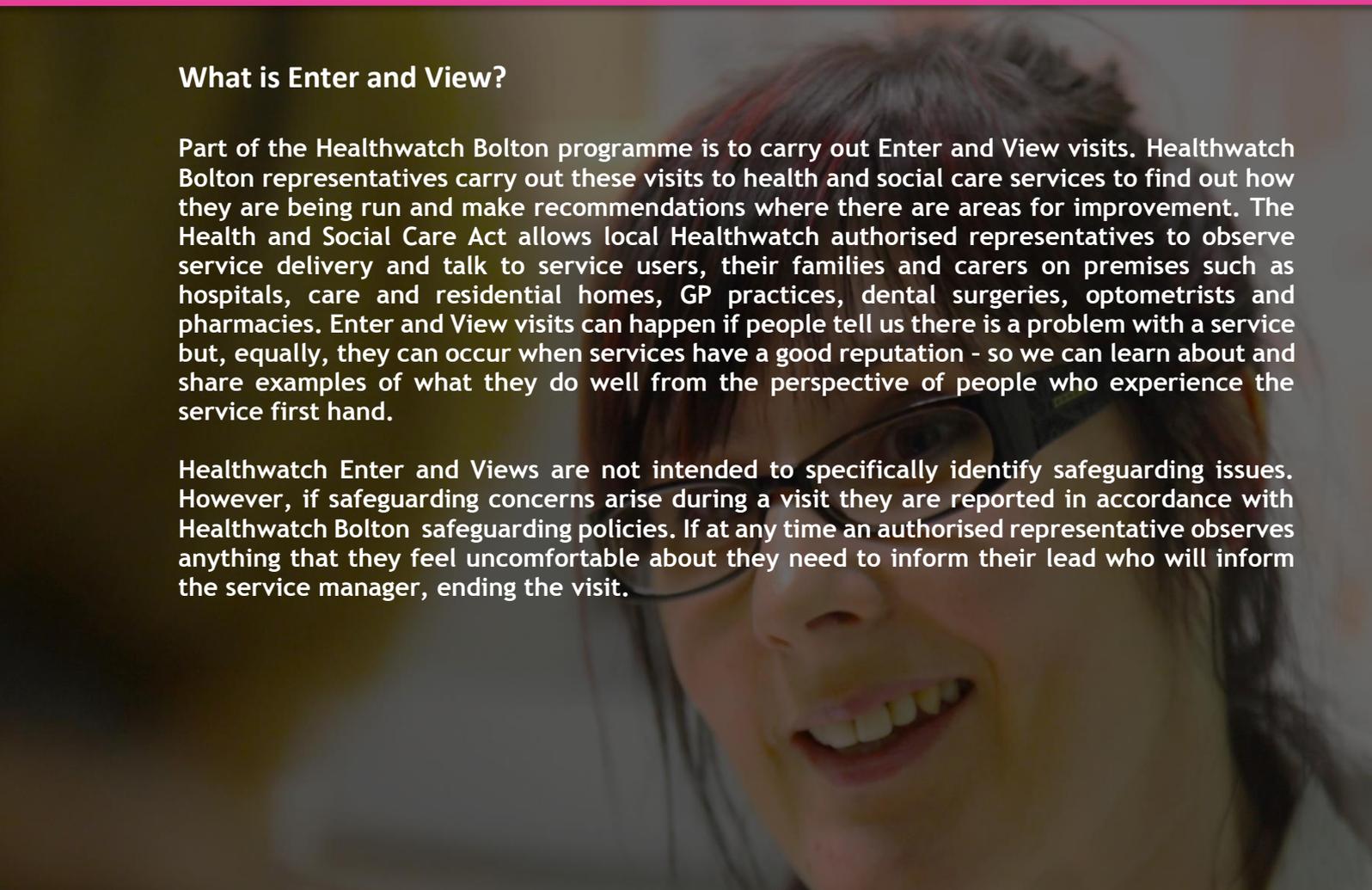
Disclaimer

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 Glenys Hughes, the Manager, Authorised representatives conducted short interviews with 7 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 4 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 visitor was also spoken to as they were visiting a friend 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 activities including craft sessions, exercise classes and trips out, organised by a member of the night staff and the cook. There is no dedicated activities co-ordinator
- Staff told us that they received ongoing training in providing a service centred around dignity and respect
- We were informed that most of the residents are registered with Heaton Medical Centre and occasionally it can be difficult to get a home visit for a resident who has been unwell for a couple of days without exercising pressure
- The Manager is concerned that some letters regarding hospital appointments or consultations are addressed to a patient with dementia as it is assumed the home open residents mail. This is not the case and the Manager has to either wait for a family member to visit or sit with a patient to encourage them to open their mail in case there is something the home need to be aware of
- There have been no difficulties around hospital discharge as the home works well with the Discharge Co-ordinator and Social Work team

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 over 3 floors with stair and lift access available throughout. There is a large bright conservatory overlooking the extensive garden accessed via the upper ground floor and patio doors lead from the lower ground floor lounge/dining area into the extensive gardens. There is access to patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine and flower beds and large pagoda providing shaded seating.

All areas appear fit for purpose and all corridors were free from obstructions but offered a couple of small quiet nooks where people could sit.

Promotion of Privacy, Dignity and Respect

All the residents we saw appeared well dressed, clean and tidy. The majority of residents we spoke with were happy with their personal care, although one person did say that he/she does not always get a shower weekly. When asked if the homes caters for individual needs, there was a 50/50 mixed response with half saying they like the routine and the other half saying the care is mixed up.



A visitor we spoke with felt that the home does cater for individual needs and explained that the lady he visits makes her own choices about meals or what she wants to wear or participate in.

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 their care plans and by chatting and interaction and when they are helping with choice of food or and serving meals, taking part in activities and offering general care. All commented that they do get the time to sit and talk with residents and listen to them.

All bedroom doors have the residents photograph and name on.

Promotion of Independence

Residents choose which activities or trips out they want to take part in. We were told my one lady that she often visits Bolton school where she attended as a child and later taught at.

The Manager informed us of a trip she and another member of staff had arranged for an elderly female resident to attend a ceremony in London she was invited to as the oldest living student to attend Roehampton University.

Some people have their own mobiles, some have landlines in their own rooms arranged through family.

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. One lady who had not been well was brought a drink by a member of staff who stayed with her encouraging her to drink.

Residents

The Authorised Representative spoke with 4 residents individually in various parts of the home who have lived at the home between 5 years and 9 years. We did not enter any bedrooms.

Of the 4 residents spoken with the majority felt 'at home' with one lady saying it's not like being at home but it's comfortable. Although there was a mixed response on whether the homes caters for individual needs, everyone felt safe and cared for.

"It's not like being at home but it's comfortable"

One lady stated that she felt that the older staff are very good but some of the younger staff need better training, although this may come down to age and experience.

One lady stated that she was waiting to be tested for hearing aids but nothing had happened as yet.

Food

There is a 3 week menu available, with a daily lunch and evening meal choices displayed on a pictorial board. The cook explained that she knows the ladies well and offers alternatives where requested or necessary.

Snacks and drinks are also offered throughout the day and upon request.

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 was on display suggested a wide range of activities such as craft sessions, movie afternoons, dominoes and board games, armchair zumba, Holy Communion visits from the church and trips out. We were, however, informed by staff that activities may not always happen if residents are tired or do not want to take part.

There is no dedicated activities co-ordinator but one of the care workers, along with the cook organise and support activities.

One lady did not feel that she could make choices about daily routine or activities and said that if she is bored she just goes to bed early.

Involvement in Key Decisions

A visitor we spoke to during the visit explained he is involved with his friend's care and 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 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 8 weeks and 22 years and were happy and felt that there is a good atmosphere which they enjoy. The manager has been at the home for 15 years.

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 were happy with their workloads.

"I think what's good here is the standard of care and commitment from all the staff"

Visitor and Relatives

We spoke with a gentleman who was visiting a friend for whom he has power of attorney. He said that he believes she feels safe and she feels that the home caters for her individual needs. He explained that his friend is a very proud lady who always wants to look nice and have her clothes co-ordinated and the staff support her to do that.

"I would be happy to live here myself"

Additional findings

The Manager explained that the home is well served by dentists and opticians who will undertake home visits or arrange to see a resident at the practice. The District Nurses and Community Matron work well together.

Most residents are registered with Heaton Medical Practice and the Manager informed us that if a resident is unwell or off-side but not requiring immediate medical attention, they are monitored for 24-48 hours then a GP called if deemed necessary. However, the Manager informed us that it is difficult to get the GP to do a home visit. She has begun to register new residents who do not wish to remain with their current GP practice, with a different surgery than Heaton as she is increasingly unhappy with their commitment to residents.

We were also informed by the Manager that 'medical' letters which are addressed to a resident who has dementia are difficult to manage. It seems to be assumed that the home opens a resident's mail when this is not the case. The home may have to wait for a relative to visit or a social worker in some cases, when the information contained within the letter may be of relevance or importance to the home. The Manager has requested on occasions that correspondence is copied in to a relative, where possible or herself but feels this should be considered across all adult care.

The home undertakes regular quality assurance questionnaires and it was evident during our visit that these had led to changes within the home assuring us that residents and families are listened to and Management is keen to respond to suggestions.

Recommendations

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

- That Commissioners and Providers consider how it addresses correspondence to residents within care home suffering from dementia and to hold discussion with families and care home providers on how they can be copied in without compromising patient confidentiality
- For the home to consider how it meets individual care needs and how this can be improved
- Residents, visitors and staff were complimentary about the care and felt that although care is good some additional training may improve the skills of younger staff

Service Provider response

In recommendations it mentions that training for younger staff could improve. All care staff employed in the last 4 years start a 2 week social care induction program run by the LA. This is addition to supervisions run by the homes deputy, appraisals by myself the home manager. The younger staff are all in the process or have completed the QCF/NVQ 2 in Health and Social Care. In addition to this training courses such as infection prevention and control, food hygiene, safeguarding adults have all been held in the home.

We do not employ many younger people as part of our workforce and perhaps they have a less life experience but I do believe in giving people a chance and we do offer opportunities for staff to develop.

Thank you for your visit we look forward to seeing your team in the future
Glenys



