



Details of visit

Service address:

**Knightswood Care Home
Off Manchester Road, Blackrod, Bolton BL6 5LS**

Service Provider:

Knightswood Residential Care Home for the Elderly Ltd

Date and Time:

28th April 2016 @ 1.30 pm

Authorised

Representatives:

Eileen Bennett (supported by Karen Wilson)

Healthwatch Bolton 01204 394603

Contact details:

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

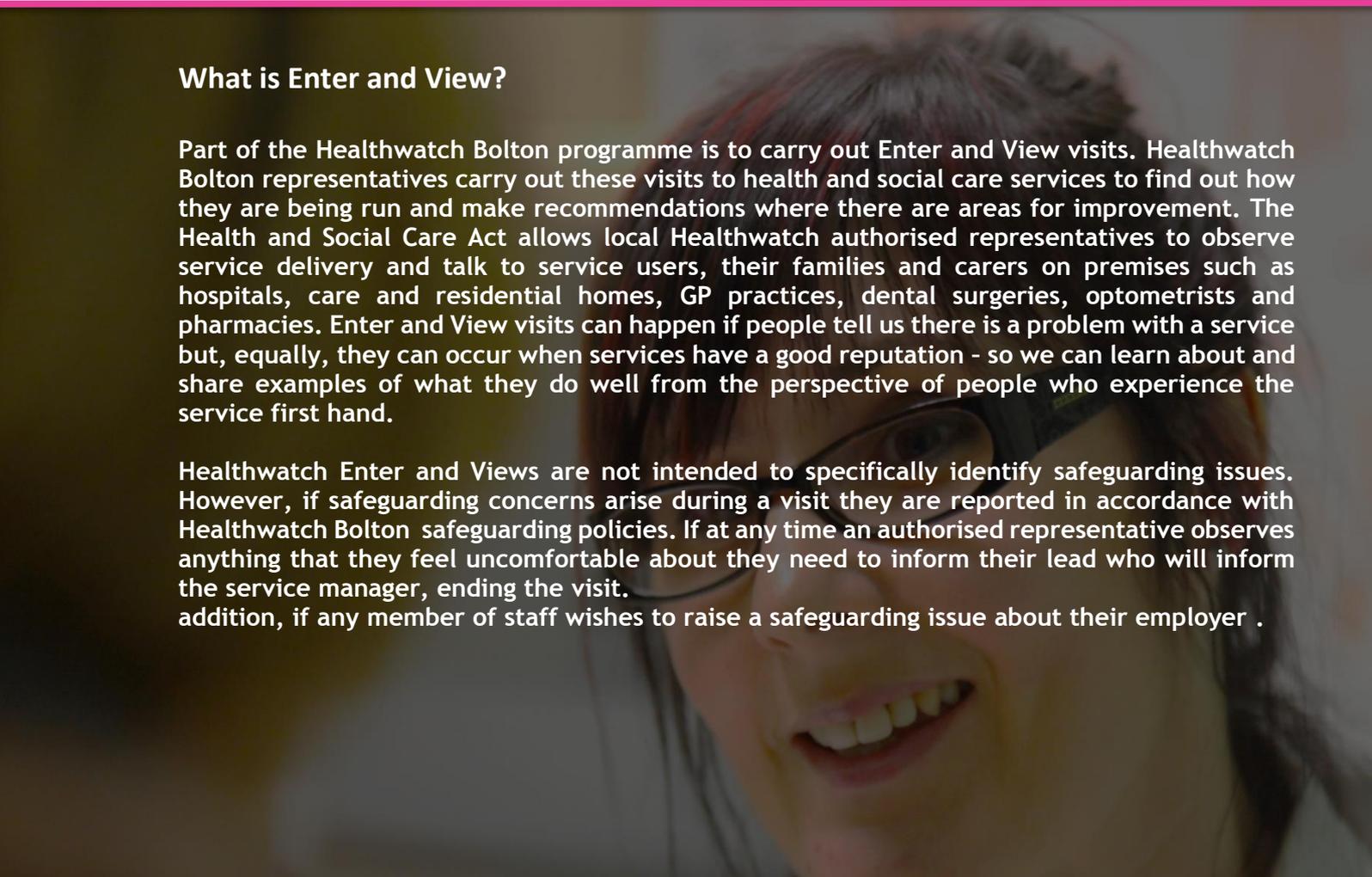
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

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.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer .



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 Jane Booth, 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 four 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. Two relatives/friends were also spoken to as they were with residents 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, some within the home and some days out and regular church attendance, which residents opt in or out of as they suit themselves
- Staff told us and we saw evidence that they received ongoing training in providing a service centred around dignity and respect
- The Manager raised a concern about patient transport to appointments other than at the hospital
- Staff raised an issue about lack of facilities for themselves to take breaks

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 are a variety of areas where residents might like to sit and relax or watch TV, including a good size orangery/sun lounge which leads to a large private garden 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. The residents we spoke with were happy with their personal care. There was a mixed response from residents whether the home caters for individual needs but they were satisfied with the staff and all felt that they are treated with dignity and shown respect.

“Possibly not but I’m set in my ways and the staff are not doing anything wrong, it’s just that some staff suit me more than others.”

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 preferences. Staff are allowed the time to sit one-to-one with residents, listen to their life stories and reading care plans.

“We spend a lot of time, particularly in the morning, one to one with people getting them ready so we chat a lot. All staff from the Manager to the kitchen staff are constantly chatting to resident and we’re allowed time to sit and get to know them”
“You can learn a lot about a person from their history and background”

All bedroom doors have room numbers and resident name and some have photographs.

Promotion of Independence

The residents who are able, like to go out to church and on days out.

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

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

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 and there were some group activities taking place in another lounge area.

Residents

The Authorised Representative spoke with four residents individually in various parts of the home who have lived at the home between eight weeks and five months, although one lady wasn't sure how long she had lived there. We did not enter any bedrooms. All those spoken to felt 'at home' and comfortable and liked the friendliness of the staff.

"They pull my leg and have a banter: the cook comes in asking what I want as I don't like some things"

"There are always a variety of people and friendly 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 served at pre-set times but if a resident is not hungry the kitchen will work around that person.

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

Drinks are offered regularly or provided on request. Snacks are available but fruit is encouraged in a morning as some people have smaller appetites and may fill up on biscuits before lunch.

Residents and visitors were happy 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 noticeboard lists weekly activities.

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

Some residents enjoy days out and during the summer the home organises trips. Some residents attend the local church.

Some residents have their own mobile phone to keep in contact with family and friends and wifi is available throughout.

Involvement in Key Decisions

Formal meetings are not held but residents told us that they can put ideas and when they are new to the home they fill in a form identifying what they like and enjoy.

A visitor we spoke to during the visit explained that he is kept up to date and informed of anything and will speak to Jane, the Manager if necessary.

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 between seven months and 11 years or more and were happy and felt that there is a good atmosphere which they enjoy. They are offered opportunities for further training, which we observed as a training provider was on site during our visit. All stated that they feel comfortable speaking to a senior member of staff if they had any concerns or problems relating to work and stated that the Manager will always work with a member of staff and help to sort any problems, e.g. altering a shift or shift pattern to accommodate a family emergency.

Staff commented that since the introduction of the national living wage all staff have received a letter stating that they will no longer be paid for breaks. They stated that there is no dedicated staff room and currently breaks are taken in the resident's dining room, meaning staff are basically 'still on duty' and don't really get a break unless they went for a walk or sat in their cars.

The staff we met were very positive about the service in the home and felt that it is very organised and well run.

"Staff work well together and residents are encouraged and motivated"

Visitor and Relatives

We spoke with a gentleman who was visiting his relative.

He feels that the care and support is excellent. It is bright and airy with friendly staff and residents; there are things happening regularly and staff interact with residents.



Additional findings

Staff are happy with services and the GP who visits the home regularly. However, they raised a concern that the GP tends to call after morning or afternoon surgery meaning it is usually a resident's meal time which is then disturbed because the doctor has arrived and this can be disrupting.

There has been one occasion when a resident was discharged from hospital and arrived at the home at 10 pm at night, even though the home has a written agreed policy requesting no discharges later than 6 pm. The matter was raised with the Royal Bolton Hospital.

The Manager is happy with the domiciliary visits from dentists, podiatrists, district nurses etc. However, she raised a point about patient transport.

A resident was recently visited by a dentist who felt clinical treatment was required at his surgery. Because the resident used and wheelchair and could not be transported by a member of staff or the Manager and her particular type of wheelchair was unsuitable for some vehicles the Manager tried to access suitable transport. She was refused Patient Transport by Arriva, Ring and Ride refused because the journey was outside their mileage limit so the Manager had to arrange for a special taxi at a cost of £40 to the resident. Healthwatch agreed to seek clarification from the Patient Transport Service.

Recommendations

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

- The home look at the provision of a staff rest room
- Liaise with the GP practice about home visits
- Seek clarification on the provision of patient transport

Service Provider response

***** We are happy that you left our home on such a positive note although we do feel that how we manage the staff breaks thru their terms and conditions is out with your remit, if staff have a grievance then they are fully aware of the grievance procedure and as of today nobody has raised this as a grievance, would this be because we provide them with free drinks and food whilst on duty and there are 2 rooms available where the staff can take a break yet they do not choose to use it.**

I would kindly request that you remove this comment/observation from the report***

**Managing Director
Knightswood Residential Care Home for the Elderly Ltd**
