



Details of visit

Service address:

**Rivington View Nursing Home
Albert Street, Horwich, Bolton BL6 7AW**

Service Provider:

Rivington View Limited

Date and Time:

5th May 2016 @ 11 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.

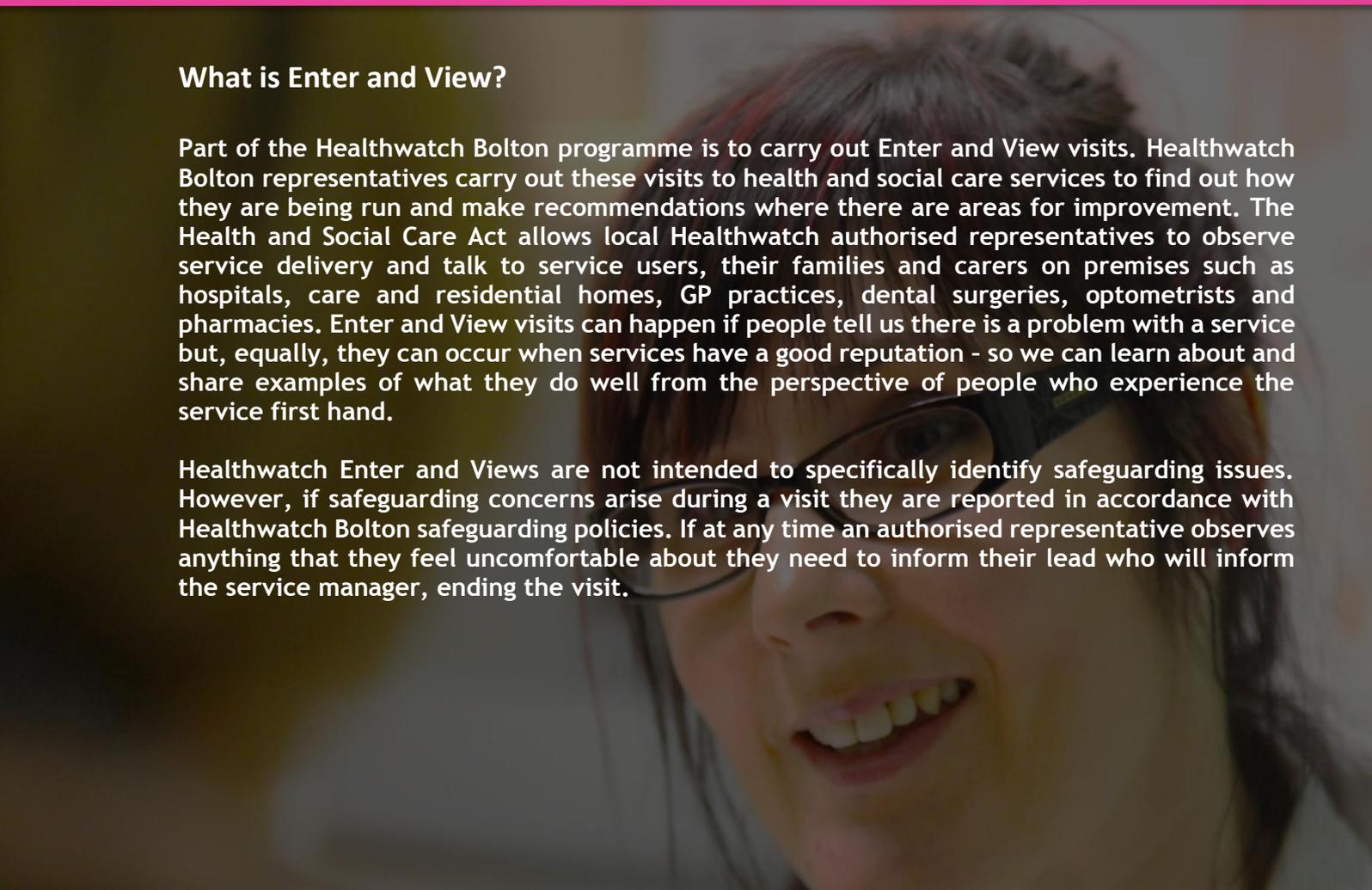
Disclaimer

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 Susan McManus, the new Registered Manager, Authorised representatives conducted short interviews with 9 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. Five visitors were also spoken to as they were visiting relatives 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 told us that they were very happy with the food.
- We were informed about the developments and improvements the new Manager is keen to make
- Staff told us that they received ongoing training in providing a service centred around dignity and respect

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 that although it was dated there was a homely feel with lots of pictures mounted on the walls along the corridors.

The building is arranged over 2 floors with stair and lift access available throughout. Walking through from reception there is a very busy entrance area where some residents were sitting chatting to each other or staff or watching tv. We observed that this is a small restricted area and appeared cluttered but communal. The home has various communal sitting and dining rooms and accommodation is provided in single rooms for 33 people and was full at the time of our visit. There is access to a small patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine and 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 and very happy that the homes caters for individual needs.

All the visitors we spoke with felt that the home does cater for individual needs and had nothing but praise for the individual care offered.

“I have nothing but praise for everything. It is a small home so run on a very personal level. Everyone treats everybody individually and with respect, getting to know the residents well and respecting their needs”

The new Manager explained that one of the initiatives she intends to introduce is the use of key workers and named nurses for residents to support the staff and residents.

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 and build relationships with residents and their families.

“By visiting a lot, I have noticed that when people are receiving personal care behind a closed door, the staff talk to them, make reassuring conversation and to talk the resident not over them to another member of staff. It is lovely to hear. A sign is also placed on the bedroom door to say ‘*this person is receiving personal care please respect their privacy and dignity*’”

Promotion of Independence

Residents choose which activities they want to take part in. Some residents go out with family and the church visits monthly.

The new Manager discussed new initiatives she will be introducing and a member of staff said she would like to see day trips out for the more able residents.

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. Members of staff were chatting with the residents who were sitting around the entrance hall commenting on news articles and chatting about events locally and around the world.

Residents

The Authorised Representative spoke with 3 residents individually in various parts of the home who have lived at the home between 6 and 8 months. We did not enter any bedrooms.

Of the 3 residents spoken everyone felt ‘at home’ saying that there is a good atmosphere, the food is excellent and they feel safe and looked after.

“It’s a good substitute to my own home”
“The staff are so attentive and I’ve never felt in any danger”

Food

There is a 3 week menu cycle, with a daily lunch and evening meal choices displayed on a pictorial board and table menus, although residents may make their selection the day before. The cook explained that she knows the residents 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 and the visitors commented that there is a hospitality available to them and meals offered if they are visiting during lunch or evening meal.

Recreational activities/Social Inclusion/Pastoral needs

The new Manager intends to improve the delivery of activities by appointing an Activities Co-ordinator, developing a programme of new and improved activities and introducing the use of volunteers. She has also earmarked a spare room which can be decorated to create a craft and activity room.

Residents were happy with activities offered and explained that they choose to take part or not. The visitors we spoke with were happy that if their relative did not want to or could not join in activities staff would make a point to visit them in their room to chat or watch a little TV.

Involvement in Key Decisions

Visitors we spoke to during the visit explained they are involved with their family member'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 and 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 10 months and 24 years and were happy and felt that there is a good atmosphere which they enjoy. The manager was newly appointed and only come in to post that day from a home in another area where she had held her post for 10 years.

Staff stated 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 or the management, Dr. and Mrs. Korlipara, 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 and felt they had a good working environment which offered residents a warm, loving home.

“Working as a good team towards looking after the residents means it is a very warm and loving place and looked after all resident’s needs”

Visitor and Relatives

We spoke with a lady visiting a parent and a family of four visiting their father who had nothing but praise for the care offered to their relatives.

“We travel 30 miles to visit but would not move dad because he gets the best treatment and support. Dad is a paying guest so we would be critical if the care was not as good as expected”

“We have never see a change from the positive and helpful attitude from staff and the owners; they celebrate birthdays of all residents; there was a large Christmas party for all residents and their families; staff are observant and act immediately if something doesn't seem right; we are always made to feel welcome”

“Nobody wants to go in to a nursing home but I have told my family that if I ever need to, I want to come here too”

Additional findings

We were informed 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. All residents are registered with a GP and there have been no issues with any services.

Dr. Korlipara, the owner of Rivington View explained to us that as a result of the CQC Inspection undertaken in 2015 he had made a number of improvements in line with their recommendations.

Recommendations

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

- The owners and Manager look at how they may improve the facilities in the entrance hall area for residents to allow it to be less cluttered
- That the owners support the Manager in the development of positive initiatives
- Continue to support the obviously caring and mutual relationship between staff, residents and families



Service Provider response

No comment was received from the Provider although they were provided with several opportunities.

