

Allendale Residential Home Enter and View Report

Contact Details	53 Polefield Road, Manchester, M9 7EN
Visit Date and Time	14/06/2022 10:00am - 12:00pm
Healthwatch Manchester Representatives	Morgan Tarr (HWM staff) Eamon Hasoon (HWM staff) Philip Bonworth (HWM staff)



Disclaimer

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 service users and staff, only an account of what was observed and contributed at the time.

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About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

What is Enter & View?

Local Healthwatch representatives carry out Enter and View 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, 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 safeguarding policies.

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

General information about the service

Name of the Care Home: Allendale Residential Home

Type of Care: Residential

Number of Residents: 23

Description of Facility: Allendale Residential Home Limited is a residential care home that provides accommodation and personal care to up to 24 older adults, some of whom are living with dementia.

Specialism: Caring for adults over 65 years, dementia.

CQC Rating*: Good (inspection conducted 6 September 2021) - the report can be found [here](#)

See Care Quality Commission (CQC) website to see their latest report on this service.

** Care Quality Commission is the independent regulator of health and adult social care in England.*

Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

Executive summary of findings

Overall impression of the home was good. We were made to feel welcome by the staff who were very accommodating and they appeared to have a good relationship with the residents. There is evidence of ongoing training for staff and satisfactory methods of monitoring the residents' health conditions and personal needs.

The communal areas felt homely and comfortable and we witnessed staff engaging well with residents. The toilets and washing facilities which we viewed were clean and well-maintained, with clear signage to the facilities displayed throughout the home. All of the residents who we spoke with felt that they were being well looked after. However, we did not see staff wearing visible ID badges and we could not find a staff noticeboard with photos of who is on duty, although we were informed that this has been discussed recently and could be considered in future.

Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the Independent Age Report). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- Have good knowledge of each individual resident and how their needs may be changing.
- Offer a varied programme of activities.
- Offer quality, choice and flexibility around food and mealtimes.
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropractors.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

Methodology

We informed the care home of our intention to conduct an Enter & View visit a number of weeks beforehand, in order to ensure that they were comfortable with our attendance due to the ongoing COVID-19 pandemic.

Prior to the Enter and View taking place

An internal matrix system was used to give an overall rating of the service prior to the visit. The system pulled together results from past Enter and View reports, previous feedback from users on Healthwatch Manchester's Feedback Centre, and other information about the service such as CQC inspection reports.

All Enter and View representatives were fully trained in how to carry out an Enter and View. They were also checked through the Disclosure and Barring Service (DBS).

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit and the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration meal times, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or are unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report.

During the visit

The visit consisted of a team of Healthwatch Manchester representatives who spent time talking to the staff and residents using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to a total of two service users and conducted short interviews about their experiences of the service using guided questionnaires. Two members of the staff team were also interviewed.

Following the Enter and View Visit

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced within **10 working days** of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

Enter and View Observations

The external environment

All walkways were wheelchair accessible with no uneven surfaces, enabling easy access. The front of the building was well kept and presentable.

The internal environment

- Lighting throughout the home was good. The communal rooms were well-furnished and looked comfortable for residents.
- The walkways were accessible and easy to walk around and we did not notice any issues with the cleanliness in the corridors.
- The communal areas were warm and the noise levels were at an acceptable level.
- The level of cleanliness throughout the home was good. Once inside the building there were facemasks and hand sanitizer available to reduce the risk of COVID-19, along with testing kits for those visitors who did not have proof of a negative test.
- Food appeared to be readily available from the kitchen area (which was staffed throughout the visit) on request. Whilst there is a set menu, residents do have the option to request a specific meal which is not on the menu. There is flexibility with both the menu options and meal times. The menu for the day was clearly on display and offered a good amount of information (including photos).
- Information leaflets signposting to advocacy services are provided to residents and their family in an introduction pack.

Staff

- We did not see any staff member wearing an ID badge and we did not see a staff noticeboard showing who was on duty. However, we were informed that this has been discussed recently and is being considered for future.
- Staff were well presented and appeared to have good rapport with residents. The staff approach was conducive to a relaxed and comfortable environment.

Signage

- Signage throughout the home was very good and clear.
- The signs appeared to be only in English and we did not see any other language options available. It should be noted that there are currently no residents who require language options other than English and the home would provide such resources if needed.
- Whilst there appears to be a good amount of regular activities for residents, with the activity coordinator on site during our visit, we did not see an activity timetable on display. However, in correspondence with the home following our visit it is clear that they do have an activity timetable and this was missed during our walk around.

Responding to people's needs

- The residents who we spoke to felt that staff were responsive to their needs and would do what they could to address them. They also indicated that they felt comfortable raising any issues or concerns with staff.

- One resident we spoke with said that a nun used to visit the home before the COVID-19 pandemic and he would like these visits to re-start.

Social Activities

- As referenced above, there seemed to be a good amount of social activities for the residents and the activity coordinator was on site during our visit. There was a lot of decorations around the home celebrating the Queen's Platinum Jubilee (which had taken place the weekend before) and there had been activities over the previous few days celebrating the event.

Dignity and Care

- All residents seemed well presented and groomed, no outstanding issues witnessed.
- The residents we spoke to were happy in the home and did not express any major concerns.

Overall Atmosphere

The atmosphere throughout the care home was calm and relaxed.

Findings from speaking with residents, friends or family members, and carers

Two residents were interviewed.

Overall the experiences of living in the care home were very positive although improvements were suggested in the following areas:

- Religious needs - one resident told us that a nun used to visit and that they would like these visits to re-start.

Residents reported overall positive feedback towards the staff and the care which they provide.

Findings from speaking to staff

Two members of staff were interviewed, including the general manager.

Have a strong, visible management.

- Manager was confident that staff were being managed appropriately and were being sufficiently supported to conduct their role to a satisfactory standard. Staff are encouraged to feedback any issues and they reported to us that they do feel able to do so.
- Supervision sessions were reported to occur on a regular basis to ensure effective management of staff.

Have staff with time and skills to do their jobs.

- Training is provided for regular updates to qualifications and staff reported that their additional training needs are responded to.
- Staff seemed confident and competent. They answered questions well. They were familiar with residents and their needs.

Have good knowledge of each individual resident and how their needs may be changing.

- Residents have an individual care plan document which introduces staff to their situation, although the amount of information included can vary from patient to patient on arrival. Following this, staff reported that they create a rapport with each resident and are alert to changes in their behaviour, mood, appetite and health and wellbeing.

Offer quality, choice and flexibility around food and mealtimes.

- Residents are offered a variety of meal choices which also caters for vegetarians and people with specific cultural and/or religious dietary requirements.
- Meal provision accommodates requests outside of mealtimes.

Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.

- Residents see health professionals on a regular basis - we observed the optician seeing residents during our visit - but it was highlighted that the home has had difficulty getting regular dental care.

Accommodate residents' personal, cultural and lifestyle needs.

- Any personal, cultural or lifestyle requirements of residents are accommodated as much as possible when they arise.

Be an open environment where feedback is actively sought and used.

- Regular communication with staff, residents and their families.
- Staff reported that residents speak freely with them and can raise issues. This was corroborated by our interviews with residents.

Recommendations

- It would be helpful for staff to wear an ID badge and for there to be a notice board clearly displaying (with photos) who is on duty.
- Explore possibility of organising religious visits for residents.
- Information leaflets could be given greater prominence around the home, such as the Independent Mental Capacity Advocate (IMCA). We do note that signposting information is made available in the information pack when a new resident arrives.

Response from service provider

Thanks for visiting Allendale, we hoped your visit was very informative.

Here at Allendale we provide the best quality of care to all our residents.

We have an amazing team of staff who have been working at Allendale for many years, this has a positive affect on residents as its familiar faces regularly.

Our Activities co-ordinator works wonders with all our resident, we have a wide range of activities available here at Allendale.

All feedback given is taken on board and any recommendations will be considered.

Acknowledgements

Healthwatch Manchester would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.