

Averill House Care Home

Enter and View Report

Contact Details	Averill Street, Newton Heath, Manchester, M40 1PF
Visit Date and Time	18/05/2023 10:00am-11:30am
Healthwatch Manchester Representatives	Thomas Carr (HWM Staff) Lyndsey Norman (HWM Staff) Neil Walbran (HWM Staff) Mina Desai (HWM Volunteer)



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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Recommendations

Although the general atmosphere of the care home was good, Healthwatch Manchester (HWM) recommends that the interior walls of the home are redecorated. We found parts of the building where the paint had been heavily chipped and scuffed making it look neglected and worn.

HWM noted that there was a good level of signage in the home with numerous whiteboards displaying staff names and roles. However, we recommend that photographs be added to these so both residents and visitors can identify individual along with their role.

After seeing many walking frames left in a public area, HWM recommend that unnecessary clutter be regularly removed to make as much space as possible in the corridors. HWM do note that the Turnaround Manager mentioned these were awaiting removal.

Signposting to other services and charities should be on display in the care home so residents can use/contact them if necessary, for example Hourglass, Compassion in Care and Women's Aid.

About us

Healthwatch Manchester (HWM) is the independent consumer champion for health and care. It was created to listen to and gather the public's and patients' 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 HWM 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 and 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 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in 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 View visits 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 at the healthcare service being visited 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: Averill House Care Home

Type of Care: Dementia/Alzheimer's, Mental Health Condition, Old Age/Elderly Care and Younger Adults

Number of Residents: 48

Description of Facility: This spacious care home offers plenty of places for residents to enjoy meals, hobbies or simply socialise, with four sitting rooms, two dining areas, a dedicated activities and entertainment room and a hairdressing salon. The large, landscaped garden is a popular location, and includes a delightful sensory area. The bright, comfortable bedrooms are all easily accessible by wheelchair. Some rooms have garden views.

Specialism: Dementia Care

CQC Rating: (Published [here](#) 21 December 2018)

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

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 chiropodists.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

Methodology

Prior to the Enter and View taking place

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

All Enter and 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 (though not the date and time), 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 were unable to give informed consent and a comprehensive risk assessment was completed.

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

During the visit

A team of HWM representatives spent time talking to the staff 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 HWM.

Three staff members and three residents were interviewed during our visit by authorised representatives of HWM.

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 HWM 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

- Outside was clean
- There was a large car park for visitors and staff
- Ramp up to the entrance
- Garden in the back of the care home was spacious and had plenty of seating

The internal environment

- The communal spaces felt relaxed and cosy
- Plenty of space for visitors to sit
- The walls and floors were different colours helping prevent trips or falls
- The manager mentioned in her interview that they are going to improve the environment in the care home by repainting
- The corridors around the building had a constant beeping noise which could irritate residents
- All bedrooms had the resident's names on them
- Bathroom clearly labelled
- Activity room and kitchen clearly labelled
- Corridors all wide and uncluttered however there were some walking frames left out which the manager informed us were due to be disposed of shortly after our visit
- Floors were all clean
- There were several lounges and communal areas on each floor
- Resident rooms had a spare chair inside for visitors to sit on when visiting
- There was a touchscreen feedback tablet at the front entrance as well as various leaflets and cards about giving feedback

Staff

- All very friendly and welcoming
- All staff were observed wearing name badges
- The home did not have a permanent manager at the date of our visit so HWM spoke to the Area Manager Kerry and the Turnaround Manager Isabelle who had begun working at the care home earlier. Despite her recent arrival, Isabelle already seemed knowledgeable about the running of the home.
- HWM staff witnessed cleaners regularly performing laundry and cleaning duties
- Plenty of staff visible and the manager told us there were 11 members of staff on shift during our visit
- All carer staff wore a uniform to differentiate their role from other staff
- The staff seemed to have friendly and personable relationships with the residents
- The staff seemed to enjoy the company of the residents

Signage

- There was a welcome sign at the entrance however this was only in English
- Covid information at the entrance such as the two 'Covid Champions' in the care home
- No signposting information aside from a small notice about the Local Government Ombudsman

- There were no signs indicating set meal times however the menu was displayed and easy to read
- There were posters at the entrance regarding infection control however there were no such posters anywhere else in the care home

Responding to people's needs

- There was a lift in the care home and a ramped front entrance making all areas wheelchair accessible
- HWM staff witnessed a resident being assisted to their room by a member of staff which helped prevent a fall risk
- All rooms have call bells
- HWM staff noticed crash mats and handrails when observing the care home
- There were multiple washrooms and bathrooms on each floor
- All residents were wearing their own casual clothes

Social Activities

- There was an activities room for the residents, HWM staff observed musical instruments being played by residents and staff members
- HWM staff observed care staff encouraging residents to get involved with activities
- Each resident had a television in their room
- The various lounges also had larger televisions in them

Dignity and Care

- There were multiple hand sanitisation stations around the care home

Overall Atmosphere

The care home had a very relaxed and homely feel to it. There were multiple areas for residents to congregate whilst also having the option to be alone or with family in their rooms. There appeared to be a good level of staffing in the care home. HWM observed them all working tirelessly to help residents in various ways e.g. serving food, cleaning their rooms or giving them medication. It is worth noting that the Turnaround Manager Isabelle had been in post less than a week before HWM conducted our Enter and View visit. She seemed to know all the staff by name and was already involved in resident/relative group meetings. The home could be improved via redecorating the interior after HWM notice parts of the home needing repainting. Other than this, the home ran smoothly whilst we were there and residents seemed to be happy with the care they received.

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

Have strong, visible management

- One resident informed us that they do not receive 1-1 care however they know that all members of staff are willing to help where necessary
- A resident told us that a former manager (they did not specify who) was very friendly and helpful. The new manager has only been in post for less than a week

Have staff with time and skills to do their job

- ‘Very good, they are always with me when I need them’
- ‘The staff all know my name’
- The resident told us they were satisfied with how safe they feel under the staff supervision
- The resident described an example of a positive experience. Understanding her religious beliefs, the home had helped her to celebrate the Diwali festival and this had made her happy
- A resident told us that the night staff are as good as the day staff
- One resident told us of positive experience they had in the care home which was when they were given a certificate of appreciation for helping with cleaning duties by the staff working at the home

Be an open environment where feedback is actively sought and used

- A resident told us they would recommend the care home to other members of their family or friends
- Another resident told us they would speak to the nurse if they wanted to raise a complaint about the home
- ‘The staff know I don’t eat beef due to my religious beliefs and so they make sure I am never served food containing beef’

Accommodate residents personal, cultural and lifestyle needs

- As previously mentioned, one resident told us that their religious needs were being met i.e. helping them celebrate Diwali, supporting dietary rules and making arrangements for them to visit the Hindu Temple

Offer quality, choice and flexibility around food and mealtimes

- Residents told us they enjoyed the food as it was ‘very fresh’
- The residents also commented that there was a good choice of food available in the care home
- All of the residents we spoke to told us they understood the menu and enjoyed mealtimes

Ensure residents can regularly see health professionals such as GP’s, dentists, opticians or chiropodists

- One resident told us they had their hearing aid checked ‘a few months ago’
- Another resident told us they had seen a dentist who visited the care home 2 months ago

Findings from speaking to staff

Have strong, visible management

- The Turnaround Manager(TM) told us that the Area Manager(AM) helps out a lot around the care home
- AM helps train staff and keep them up to date with individual training
- The TM told us that the AM always “wants to know what’s going on” in the care home and has been very helpful in settling the TM into work
- The staff told us that there are regular reviews and training updates with the management team
- The staff said the TM was approachable

Have staff with time and skills to do their job

- The TM told us that they are never short staffed and that they can always find cover as the company has numerous care homes in the area to share staff
- The TM was recently given training on sepsis and resident deterioration as well as management training
- The TM told us she felt there was an effective morning handover and continuity of care during shift changes
- Every day at 11/11:30 there is a ‘Flash Meeting’ between managers and staff to provide updates on developments in the care home
- There are monthly staff meetings to go over wider developments in the care home

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

- A form usually accompanies a resident when they arrive in the care home from hospital with details their current healthcare needs
- The home also completes a ‘Remembering Together Form’ which involves calling the resident’s family to enquire their service users likes/dislikes are, for example gardening or painting
- Staff told us it is sometimes hard to remember/learn the likes and dislikes of Discharge to Assess (DTA) residents as they are not permanent members of the care home
- The care home reviews care plans every month which includes nurse observations and body-weight checks
- The care team are told to alert the nurse when they notice any deterioration in a resident. The staff know most residents well and have a good rapport with them so spotting changes in their needs is likely to happen.
- The care home use diet and weight loss monitoring figures as a way to assess risk in residents. Once a residents’ fall risk has been assessed, the home uses air mattresses, foam mattresses, crash mats and other care methods to prevent them from happening.
- The care home has an online ‘intranet’ system called ‘Key Clinical Indicators’ or KCI which the managers use to store and analyse the resident’s data

Be an open environment where feedback is actively sought and used

- The TM told us that the home regularly has relative + resident meetings where the families of residents come into the home and provide feedback about their experiences and opinions

- The activities room was moved downstairs after feedback from a relative + resident meeting
- The staff are given opportunities to give feedback at regular flash meetings and general staff meetings, for example reducing the breakfast time slot to provide more time for the staff to get ready for lunchtime
- The food quality and portions are currently being reviewed by the care home to improve the quality and variety of food for residents
- The TM told us that the environment could be improved in the care home, by this she meant the physical decor of the interior such as painting walls
- The TM also told us that they are in the process of replacing old with new ones. HWM observed numerous walking frames left out which we were awaiting removal
- The garden was recently improved and HWM note it was a well decorated space for residents

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

- The TM told us that accessing a GP for the residents is very difficult. The staff in the care home often have a very lengthy wait in a telephone queue which affects their other duties.
- We were told that some residents use their own dentists however this isn't the case for all residents. Moreover, domiciliary appointments are done at the care home however the home often have to call NHS 111 to get a dentist for a resident
- The staff told us that appointments are made 'as and when' necessary for a resident

Offered a varied programme of activities

- The home has a wellbeing coordinator who organises a lot of the activities in the home
- The home has an 11am armchair exercise routine for residents to help them stay active
- The TM and AM told HWM that lots of residents have lost confidence in going outside and doing activities over the course of the pandemic and so the home are trying to ease them back into activities and going on day trips again
- The TM told HWM that a lot of residents just enjoy watching activities happening as they enjoy people watching

Offer quality, choice and flexibility around food and mealtimes

- The menu is user friendly
- The home has a 6 week rolling menu
- The home provides 2 options at meal times so there is always a choice available for residents
- If a resident likes neither option, then the chefs often make something else for them
- The home has set meal times but if residents are not hungry then, the chefs will ensure food is available when they do want to eat
- At 11am and 2pm there is a tea break with snacks provided to residents. This is done in the evening at different times

Accommodate residents' personal, cultural and lifestyle needs

- The staff told us that reasonable adjustments are made for residents who have religious needs
- The TM informed HWM the home accommodates all religious needs such as a Halal diet for certain residents

Response from service provider

Acknowledgements

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

Healthwatch Manchester would also like to thank our Citizens Reading Panel members, Janet Wiseman and Isabelle Hobson, for their work on this report.



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