

Carlton Road Care Home

Enter and View Report

Contact Details	92 Carlton Rd, Whalley Range, Manchester M16 8BE
Visit Date and Time	21/04/2023 11:30am - 12:30pm
Healthwatch Manchester Representatives	Thomas Carr (HWM Staff) Lyndsey Norman (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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Recommendations

During an inspection of the home, Healthwatch Manchester(HWM) staff noticed the lack of handrails provided for people with movement issues. We only found adequate handrails on the staircase. Therefore, the home should install handrails throughout the building for residents and visitors who are differently abled.

HWM staff noticed that the lift in the care home was cramped due to the amount of cleaning supplies being stored in there making it unsafe for current use. These items should be removed from being stored in the lift and instead stored somewhere safe to prevent a tripping hazard.

After one staff member told us they felt as though the paperwork process was overly complicated. HWM recommend that the paperwork process should be simplified or moved online. The management team at the care home should therefore work with the rest of the staff to devise a new system which speeds up and simplifies the administration work in the care home.

Lastly, during the inspection we were informed by a member of staff that the training records were behind due to the absence of a care home manager before the current manager had been appointed. Therefore, HWM recommends that a plan should be put in place to ensure staff supervision/training is updated as soon as possible.

About us

Healthwatch Manchester 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 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 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: Carlton Road Care Home

Type of Care: Residential

Number of Residents: 5

Description of Facility: This care home located in Whalley Range offers care for up to 6 service users at a time. The age range of residents in the home can be anywhere from 18 - 65 years old. Care is provided and run by Standwalk Limited.

Specialism: Learning disabled, Old/Elderly Care, Younger Adults

CQC Rating: (Published [Here](#) 2 June 2022)

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 ongoing 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 hour. 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.

Two staff members were interviewed during our visit by authorised representatives of HWM.

Authorised representatives of HWM did not interview any service users.

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

- Ramp up to the entrance
- Trampoline in the front garden
- Outside sitting space

The internal environment

- Communal space was well lit, clean and homely
- The sensory room felt like a nice environment for residents
- The ground floor was noisy due to the washing machine being on, this was next to the sensory room
- No bad odours
- Warm temperature in the care home
- Recently repainted walls were smooth and neat
- All very clean
- The home does not have set meal times however there is a menu on display
- Handrails on the stairs
- Ramp at the entrance
- The lift inside the building contained cleaning supplies and made it hard to fit more than one-person inside

Staff

- Staff member who met us at the door was very friendly
- Eye contact
- Smiling
- No name badges
- Posters and information outside the staff office on the bottom floor

Signage

- There was a welcome sign at the entrance which was written in English.
- There was a poster providing a BSL (sign language) welcome but no other languages were used to greet residents and visitors.
- Sign with a notice informing visitors that a resident had a nut allergy
- There were signs on doors such as the office and bathrooms

Responding to people's needs

- All residents were well dressed, wearing their own clothes
- Staff were observed assisting a resident up the stairs
- We were informed that the staff members do not wear name badges as residents do not like staff or visitors, such as nurses, wearing professional clothing including name badges and lanyards

Social Activities

- Trampoline

- Sensory Room
- TV and movies available in lounge areas

Dignity and Care

- There was no infection control or Covid restrictions evident however HWM Staff who attended the visit each did a Covid test beforehand
- There were no hand sanitisation stations in the home

Overall Atmosphere

The care home had a relaxed atmosphere and there appeared to be a good duty of care being provided to its residents. The staff were very friendly to HWM on our visit, showing us around the care home and sitting with us for interviews. The home itself was clean and uncluttered except for the lift however that was mainly for staff use. The residents we observed seemed to be enjoying themselves and had a good degree of individual freedom.

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

Have Strong, visible management

N/A No residents were interviewed

Have staff with time and skills to do their job

N/A No residents were interviewed

Be an open environment where feedback is actively sought and used

N/A No residents were interviewed

Accommodate residents personal, cultural and lifestyle needs

N/A No residents were interviewed

Offer quality, choice and flexibility around food and mealtimes

N/A No residents were interviewed

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

N/A No residents were interviewed

Findings from speaking to staff

Have strong, visible management

- The Registered Manager (RM) described her workplace relationship with the area manager Lorrain Saunders as 'The best support I've ever had'
- The area manager is easily contactable via phone call

- The staff informed us they receive regular supervision and that they feel comfortable around the RM

Have staff with time and skills to do their job

- The RM said she likes getting 'stuck into her work' and learning about the residents, particularly as she had recently joined the care home's staff team
- The home has good staffing levels according to the RM
- However, one of the staff members told us they felt as though they don't have enough time to do all of their responsibilities, instead feeling as though they are always trying to catch up
- The home has regular team meetings for all staff to attend however these are not compulsory
- Handover is managed via shift leaders who are on shift at all times. The shift leader does a 15-minute handover at the end of every day and every night
- The staff told us they are encouraged to attend training such as visual impairment training
- The RM told us she was booked onto a training course as soon as she started

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

- The home does a risk assessment form for each new service user and there is a file available for each resident.
- They have care plans in place which can be updated easily
- The RM told us she spent time 'on the floor', meaning she worked at a staff level when she first became the manager to learn more about the service users
- Menu plans are done on a weekly basis which take into consideration the residents' food likes and dislikes
- Health concerns are logged by staff on a health concern form
- The RM is able to keep track of the service user's medical appointments and general healthcare via their access as a 'service manager' to Ask My GP which contains all of the residents' health details
- The RM told us the service users in the home are all quite mobile however the staff still check their skin for bed sores and pressure ulcers
- Each resident has a physical health assessment form
- Several barriers prevent speedy consultation and assessment from a healthcare professional were identified by the RM who cited a 'lack of understanding' for people with learning disabilities and dual diagnosis as a large part of this
- The RM said that the GP could visit the care home more however they do come right away when an urgent request is raised on behalf of a resident
- The RM told us that the home had to buy their own blood pressure machine to use with residents as the nurses did not visit regularly enough. She then went on to say that more access to learning disabled trained nurses was important
- The RM also said that healthcare staff should be more considerate in their appearance when visiting the home as staff uniforms can be a trigger for residents

Be an open environment where feedback is actively sought and used

- We were told that a resident's family requested that their son was given waterproof bedding which the home implemented for them
- Family members regularly have reviews with the staff about what they want to see in the home such as family photos placed on the walls for residents to look at

- The RM said she has an open door policy for anyone to raise a concern with her
- The team meetings are done in a hybrid way with staff able to both come into the care home or join via Microsoft Teams
- The RM told us that she had been appointed only recently. She was aware that staff supervision and infection control training was not up to date and that this needs to be remedied
- One member of staff told us they felt as though the paperwork process should be simplified

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

- The residents have access to a dentist roughly every 12 - 24 months however if there is a pressing oral health issue then they will be booked into a dentist as soon as possible
- Healthcare appointments are scheduled by the staff for the residents
- The residents receive annual optometry appointments

Offered a varied programme of activities

- The RM uses an activity planner to schedule activities for the residents
- The home also has individual activity plans for the residents
- The home provides a trampoline, karaoke machine, board games, parties and a sensory room for their resident's
- The RM is currently planning to take the residents on holiday at the moment as well
- Each resident is gently encouraged to take part in activities by the staff who know the individuals well and understand how to balance encouragement against the risk of causing upset.

Offer quality, choice and flexibility around food and mealtimes

- There is a menu plan that is on a 4 week cycle however each resident has personalised snack choices
- The residents have a choice of when to eat breakfast and lunch as the house has 3 different kitchens, one situated on each floor
- The staff ask the service users twice a week what they would like on the shopping list
- One member of staff told us that there was a set meal time of 4-5pm
- The home has a strictly 'no peanut' food policy due to one service user having a peanut allergy

Accommodate residents' personal, cultural and lifestyle needs

- Nobody in the home at present is particularly religious and so there are no established activities for specific needs to be respected.
- One staff member told us the home employs religious staff members. One staff member told us the home has provided a prayer space for those who wish to use it during duty time.

Response from service provider

Hi Thomas,

Received thanks, in response to the recommendations please see:

- Handrails: We would not install handrails for a service unless there was identified need's, i.e., assessment, OT, Physio etc. At present we haven't had that need. Although we are a care home our focus is to make the home look homely, and person centred. So, people are happy and comfortable in their home. We currently have a referral in for a sensory assessment in the home for aids and adaptations. I was waiting for their recommendations as there is no urgent need. We can certainly look at handrails if required, but I am sure if we started placing rails and aids for people that didn't need it, we would be considered as removing independence etc.
- Lift: It was used for moving materials on the day of inspection, i.e., we don't store cleaning products in the lift? They are stored in the back of the laundry room.
- Training: I'm Unsure how the absence of a manager impacted on the employee training as access can be obtained from an online portal.
- Name badges: Feedback suggests that customers would not like it, but it's also safety related, i.e., pins, plastics, can hurt people etc and I have not seen badges in LD services for around 10 years. We got rid of them alongside uniforms and company logos on transport, i.e., homely. I agree completely who wears name badges now?
- Staffing Concerns: Paperwork this is being looked at all the time and we are in the process of exploring new systems.

It was lovely meeting you, however it would have been nice to see a lot more of the positive responses you were given on the day and in the prequestionnaire reflected in the report.

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 for their work on this report.



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