

Alexandra Lodge

Enter and View Report

Contact Details		Alexandra Lodge 355-357 Wilbraham Rd, Chorlton, Manchester M16 8NP
Visit Date and Time		19/06/2019 9:30am
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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: Alexandra Lodge

Type of Care: Care Home with Nursing

Number of Residents: up to 37

Description of Facility: Support Services: Short Stay Care & Long Stay Care. Day Care facilities available.

Catchment area: South Manchester

Specialism: Diagnostic and screening procedures, Treatment of disease, disorder or injury, Caring for adults over 65 years

CQC Rating*: Requires Improvement. This has remained the same since the January 2018 inspection. **See the 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

This venue was chosen as a site to visit as part of a planned programme of Enter & View activity for 2019.

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 on the ward, 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

Based on observations made during the visit, Alexandra Lodge appeared to be a well presented facility, pleasantly decorated with attention paid to accessibility and comfort. Though some modernisation and repairs were pending, staff described ongoing modernisation and investment from the new owners.

An issue with communication between the care providers and the residents was evident from this visit. Healthwatch Manchester recommendations include easy-read displays, translations of information into appropriate languages, and an effort to improve opportunities for conversation between residents and staff.

Staff described a robust administration process, physical health and medical provision appeared to be well managed. They acknowledged that this could be compromised by staffing issues. There was evidence that mental health care was more difficult to manage, it was also observed that a high potential for isolation among the residents requires urgent attention.

Overall it is felt that a small number of changes would address all of these issues, Healthwatch Manchester's recommendations are included at the end of this report.

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

This was an announced Enter and View visit. The facility was contacted in the weeks before the visit with notice of intent, though the manager was not given a date for the visit.

Prior to the Enter and View taking place

A process of assessment for all care homes in Manchester has been developed by Healthwatch Manchester and is used to prioritise Enter & View visits. This matrix scoring system was used to give an overall rating of the service prior to the visit.

The system pulls together results from previous Enter and View reports, previous feedback from service users through Healthwatch Manchester's Feedback Centre, and other information about the service such as CQC inspection reports.

A copy of the assessment is available on request from the Healthwatch Manchester Office.

All Enter and View representatives were fully trained in how to carry out an Enter and View visit. 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.

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. No family members were spoken to as there were none on site at the time of the visit.

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 three residents and conducted short interviews about their experiences of the service using guided questionnaires. Three 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

The grounds were well maintained apart from the paths, steps and access ramp which were slippery with moss and require regular cleaning to improve traction.

The internal environment

Staff were welcoming and welcome signs were clearly displayed. Signage was clear. The activity room showed no evidence of organised activity. The noise and temperature levels in the communal areas were fine. The areas were well maintained and clean. A meal time sign was displayed. Wheelchair access was evident as was a stair lift and ramp to the second floor. There was plenty of room and chairs for visitors.

Infection control information was visible in the main entrance but not elsewhere. Hand sanitisers were available throughout the venue. There was no evidence of waste left in communal areas. Residents were able to reach call bells, drinks, side tables and walking aids. Security and fire procedures were evident. Clear information was displayed regarding how to give feedback. Six carers plus a cook and cleaner were on duty at the time of the visit.

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

Residents were on the whole unhappy with the level of service with some key areas for improvement and one of concern.

There is an apparent lack of communication between staff and residents with a lack of awareness of how to raise an issue or concern.

Residents, especially those upstairs, are unaware of the activities available to them resulting in a low level of uptake and so less encouragement by staff in the longer term. There is an activities coordinator supported through Manchester City Council but she was not present to answer our questions.

Breakfast food is not kept warm as the breakfast warmer is broken so hot food is available for a limited time only. Also the delivery system for hot water to make hot drinks is too limited for a care venue of this size.

One resident reported that the language barrier was so pronounced for them that they could not understand the menu. Whilst the venue does offer halal food, this is not apparent to this resident and this has resulted in them reporting that they had been ordering the same food for a long time as a result.

We saw evidence that residents regularly saw the required health professional staff they needed.

Findings from speaking to staff

Staff reported a robust management system. There is however, a reported low level of communication between night and day staff teams. The relationship with external health providers was reported as good, apart from an incident with the community mental health teams which has yet to be resolved for one resident.

Recommendations

There needs to be clarity on the complaints system and how residents' voices are heard. We would like to see a recent example of how a resident raised an issue and this was acted upon.

Menus and other literature need to be available in different languages and if possible an on-call interpreter for residents.

Communication channels need to be improved between the night and day teams. We would like to see that they work together productively.

We suggest introducing a floating staff member which covers all floors to improve cohesion, quality and safety.

We recommend that the broken food warmer is replaced to ensure hot food is available throughout breakfast time.

We recommend a more efficient hot water delivery system to ensure residents and staff do not go without a hot drink when required.

We recommend an activities board in a public space and in the required languages.

Response from service provider

Executive summary of findings

An issue with communication between the care providers and the residents was evident from this visit. Healthwatch Manchester recommendations include easy-read displays, translations of information into appropriate languages, and an effort to improve opportunities for conversation between residents and staff.

Provider Response;

- How can this conclusion be drawn when we were never asked for the communication process in place?
- Please note that all residents understand and speak English, although they may not be proficient at it. In such cases, staff with other language skills are deployed 24/7 and with on call responsibilities.

Staff described a robust administration process and medical provision appeared to be well managed. They acknowledged that this could be compromised by staffing issues. There was evidence that mental health care was more difficult to manage, it was also observed that a high potential for isolation among the residents requires urgent attention.

Provider Response;

- How can this conclusion be drawn when we were never asked for the staffing ratio/how we deploy our staff?
- You never checked the occupancy against staffing?
- As provider we always ensure appropriate staffing with mix skills and knowledge in place 24/7 to meet service user's needs.

The internal environment

The activity and common room showed no evidence of organised activity, a TV was in use and board games, books, etc. were stored on shelves. The noise and temperature levels in the communal areas were fine. Public areas were well decorated, had ample natural light, and floor coverings were appropriate to their use - i.e. washable/non-slip. Hand rails were provided in corridors and walking aids were available for residents. The areas were well maintained and clean. There was plenty of room and seating for visitors.

Provider Response;

- Activities are displayed in Dining room but we will display the daily activities more prominent locations.

Infection control information was visible in the main entrance but not elsewhere. Hand sanitisers, gloves and aprons were available throughout the building. There was no evidence of waste left in communal areas. Residents were able to reach call bells, drinks, side tables and walking aids. Security and fire procedures were evident.

Provider Response;

- Infection control information's are displayed where it should be. We are maintaining homely environment as much as possible.

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

Residents reported feeling good or ok on the morning of the visit. Residents were on the whole unhappy with the level of service, with some key areas for improvement and one of concern. Some residents identified the night staff as less helpful than the day staff.

Provider Response;

- We have discussed the issue with night staff and will monitor this closely to ensure service user's satisfaction.

Most residents interviewed indicated that they felt safe under care of the staff. Although some residents described the staff as friendly, others reported that certain staff members would not speak to them and didn't know their names. There is an apparent lack of communication between staff and residents. In some cases this is the direct result of language barriers, but some residents explained it as staff disengaging after a resident's difficult behaviour or perceived lack of interest in activities. Some residents reported that staff didn't have enough time to respond to their requests.

Provider Response;

- How can this conclusion be drawn when we were never asked for explanation?
- Staff always respond to resident requests, can be delay if staff are busy with other tasks. Staff always complete the tasks and there isn't lack of communication between staff and resident as senior carer and nurses supervise the care staff on days and nights.
- Please note that all residents understand and speak English, although they may not be proficient at it. In such cases, staff with other language skills are deployed on shifts and 24/7 with on call responsibilities.

Residents, especially those upstairs, are unaware of the activities available to them - resulting in a low level of uptake - and so less encouragement by staff in the longer term. There is an activities coordinator supported through Manchester City Council but she was not present to answer our questions.

Provider response;

- Residents are always asked for their choices. We consult residents on 1-1 basis or in group. We can only encourage them to participate in activities. We are having regular residents meeting.
- We have explained it to you that new activities co-ordinator consulted all the residents on one to one basis and we also conduct regular residents' meetings. We always encourage our residents to participate in activities but we always respect resident's wishes and choices.

All residents described a lack of awareness of how to raise an issue or concern. Not all residents had an issue or concern to raise.

Provider Response;

- On display visibly in communal area and this will be discussed in next residents meeting.

Breakfast food is not kept warm as the breakfast warmer is broken; therefore, hot food is available for a limited time only. The hot water delivery system for making hot drinks is too limited for a care venue of this size.

Provider response;

- Food warmer is repaired
- We have enough Electric kettles for boiling water in kitchen

One resident reported that the language barrier was so pronounced for them that they could not understand the menu, they reported that they only ordered the food items they recognised. This resident thought that there was no halal food offered and as a result has received a very limited diet for a long time. Residents reported that whilst halal food is offered as standard on all appropriate meats, when a non-halal meat is served as a main course no alternative is provided.

Provider Response;

- Please note that all residents understand and speak English, although they may not be proficient at it. In such cases, staff with other language skills are deployed 24/7 with on call responsibilities.
- How can this conclusion be drawn when we were never asked for explanation for provision of Halal meat? I can confirm that Halal meat is available at all the times.

A resident described a lack of staff understanding in their spiritual needs, resulting in their withdrawal from prayer sessions. Due to the language barrier this resident had not been able to explain the situation.

Provider response,

- How can this conclusion be drawn when we were never asked for explanation? Our staff are skilled to meet residents' spiritual needs. We should receive feedback and resident name should be disclosed for clarity and appropriate actions.

Findings from speaking to staff

Staff reported a robust management system. There was evidence of staff development and training provision. Staff described verbal and written handover procedures and weekly team meetings. There is, however, a reported low level of communication between night and day staff teams resulting in some tension.

Provider response;

- At the end of each shift there is always a detailed hand over between nurses and care staff.
- This issue is addressed in staff meeting to improve communication.

The relationship with external health providers was reported as good, apart from an incident with the community mental health teams which has yet to be resolved for one resident.

Provider response;

- We don't have any issue with Community Mental Health Team, I have no idea where you got this one from?

Recommendations

There needs to be clarity on the complaints system and how residents' voices are heard. This could include a large print feedback procedure display. We would like to see a recent example of how a resident raised an issue and this was acted upon.

Provider response,

- Complaints procedure is located on the board in the main reception hallway and all residents and staff are aware of this and who to complain to. We do have a complain folder located in the manager's office that informs you of the number and nature of complaints made and the outcome of the complaint, unfortunately you not even looked at or asked for and you draw a conclusion.

Menus and other literature need to be available in different languages and if possible, an on-call interpreter for residents.

Provider response;

- Residents are always asked for their menu choice and more choices is now been offered.
- Please note that all residents understand and speak English, although they may not be proficient at it. In such cases, staff with other language skills are deployed 24/7 with on call responsibilities, who can explain the menu.

Communication channels need to be improved between the night and day teams. We would like to see that they work together productively.

Provider response;

- We have addressed this issue in staff meeting to encourage team work and work together productively.

We suggest introducing a floating staff member which covers all floors to improve cohesion, quality and safety.

Provider response;

Appropriate staffing level is in place according to resident dependency and we will review when required.

We recommend that the broken food warmer is replaced to ensure hot food is available throughout breakfast time.

Provider response;

- Food warmer is replaced

We recommend a more efficient hot water delivery system to ensure residents and staff do not go without a hot drink when required.

Provider response;

- We have enough Electric kettles for boiling water in the kitchen.
- I can assure you no one goes without a hot drink when required

We recommend an activities board in a public space and in the required languages.

Provider response;

Activities board is on display in the dining room and staff with other language skills are deployed 24/7 with on call responsibilities to explain to the residents if required.

Acknowledgements

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