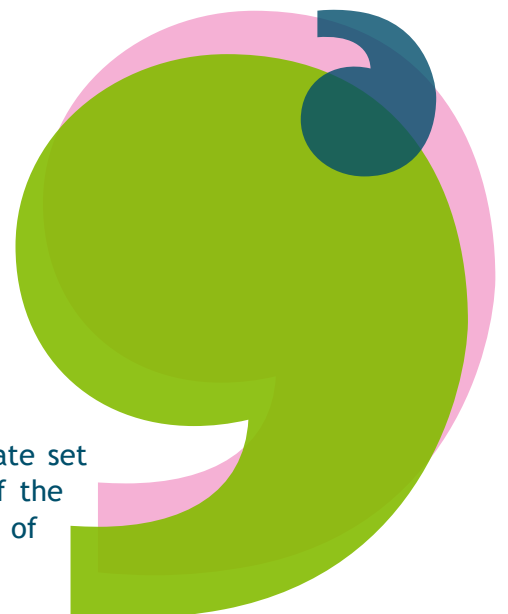


Hall Lane Resource Centre (Respite, Short Breaks Service) Enter and View Report

Contact Details	157/159 Hall Lane, Baguley, Manchester M23 1WD
Visit Date and Time	10/12/2018 10am
Healthwatch Manchester Representatives	Neil Walbran (CEO) Philip Tebble (Staff) Farhana Akhtar (Volunteer) Katherine Fithon (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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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: Hall Lane Resource Centre (Respite, Short Breaks Service)

Type of Care: Short stay residential and respite.

Number of Residents: Up to 10.

Description of Facility: The facility provides short stay, respite and interim accommodation and care for people who require nursing or personal care.

What is the catchment area for the provider? South Manchester

Specialism: Accommodation for persons who require nursing or personal care, Dementia, Learning disabilities, Physical disabilities, Sensory impairments, Caring for adults under 65 yrs, Caring for adults over 65 yrs.

CQC Rating*: Requires improvement (upgraded from Inadequate in Aug 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

Healthwatch Manchester identified this service for Enter &View due to its status as a CQC rated 'Inadequate' care home.

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

Following conversations with staff and residents, and observations of the environment at Hall Lane Resource Centre Healthwatch Manchester representatives felt the visit was very positive. The staff were welcoming and were observed to have a good rapport with service users. The facility itself was seen to be clean, comfortable and appropriately decorated with adjustments made for the safety and individual needs of residents. Residents reported that they were pleased with the range of activities provided for them, and there was evidence of personalisation regarding this and also around meal provision.

Concerns identified by the CQC's initial inspection have been addressed and robust systems have been put in place or into development in response. This was also evidenced by the CQC's follow up inspection and the change in rating for the facility. It was noted that resourcing issues may be a contributing factor in implementing change.

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

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 two service users 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 building and grounds were well maintained and tidy. There were no visible hazards to service users accessing the area.
- The shared recreational space was welcoming with a large green area, flower tubs and a growing frame.
- The fencing around the communal area was high enough to ensure dignity but not excessively restrictive.
- The area appeared safe and secure with a quiet residential neighbourhood and plentiful parking for visitors.
- A green house was available for activities with a polythene door, though the door required repair.

The internal environment

- All communal spaces felt homely and pleasant, with soft furnishings, pictures and plants.
- Levels of lighting, noise and temperature in the communal spaces were appropriate and there were no unpleasant smells.
- All areas were dust free, clean and well maintained. There was no need to decorate as this seemed to have been recently done.
- There was no untidy clutter than may present a hygiene or other hazard.
- Mealtimes and menus were not clearly displayed but this was appropriate for the nature of the service which is tailored to individual need.
- All facilities were as accessible as they needed to be and there was evidence of consideration for further adjustments where required. There were visual prompts, for example, to indicate which room was the bathroom.
- Residents were dressed appropriately to protect their dignity. There was clear evidence of staff attending to residents regarding access to their rooms.
- Showers and W/Cs were not single sex, although the representatives believe the number of service users is at a level low enough for this not to be an issue. These facilities were single occupancy and have locking doors. They are easily accessible.
- Visitors had access to chairs and space to visit in communal areas.
- There was no clear information displayed regarding infection control for visitors, although hand sanitisers were available at several junctions.
- Call bells were visible and accessible in all spaces.
- All staff wore ID badges.
- Security and fire procedures were evident and escape routes indicated.
- There was evidence of adequate measures taken to reduce falls and accidents.
- There were no indications of how family members or carers could provide feedback to the service provider.

Staff

Staff were perceived by all representatives to be welcoming. Their attitudes and bearing were overwhelmingly positive and all staff were clearly identified by name badges.

Staff reported strong leadership and support with both structured and informal communication lines.

Signage

There were welcome signs, but only in English. From discussion with staff we feel confident that this would be changed if needed. WCs, rooms and communal spaces had signage on the doors but not in corridors/junctions.

The nature of the service does not demand a notice board for staff photos and names but this might be useful for visitors. There is not currently one in place, though staff signing in sheet was in an accessible place.

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

Two residents were interviewed.

Both residents reported an overall positive experience from the staff, environment, food and activities, and had their needs catered for.

One resident reported that it was busy during handover and this required patience with the staff during this time. They also reported that the food isn't always to their liking and there could be more choice around food and mealtimes.

Both residents were particularly complimentary about staff attitudes, the range of available activities and the standard of care.

Findings from speaking to staff

Three members of staff were interviewed.

All staff showed enthusiasm for the work, particularly regarding the person-centred nature of the work, its challenges and opportunities. Staff reported they had enough time to care for residents and that they were provided with opportunities for training and professional development.

Staff described robust communication between shifts and also regarding the ongoing monitoring of the wellbeing of service users. Information regarding new service users was provided by write-ups and augmented by conversations with friends and family in order to create a comprehensive portfolio. This is refreshed upon any return to the service according to any changes in lifestyle or condition and will include input from health professionals such as physios and district nurses. This enables any deterioration in service users' condition to be easily identified and addressed early on.

Body maps are in place to prevent ulcers along with observation when bathing. Moisture lesions are reported to district nurses for treatment before they develop into ulcers.

Staff reported that district nurses and GPs are on call. Although the facility can refer directly to community services they do have to join existing waiting lists. Some barriers were identified around referral from Learning Disability nurses and waiting times.

Meetings are held enabling constructive feedback from residents and relatives. It was evident that staff can also have a say in how the home is run and their suggestions are taken forward.

The level of financial resourcing for the care home was identified as an area for improvement.

A high level of activity provision was reported for service users inside and outside the centre including day trips, learning and volunteering programmes, craft workshops and time in the garden. Staff engage with residents on a one to one basis to design tailored activity plans.

There was a high level of choice and flexibility around eating and drinking, which was also tailored to need. Residents, families and carers provide information about choices and residents can be involved in shopping for ingredients.

Religious and cultural need was reported as being catered by demand.

Recommendations

- A name board is posted featuring on-duty staff.
- Clearer identification is provided for visitors on how to give feedback to staff about the service.
- Signage for infection control is clearly displayed.
- Minor repair to the greenhouse door are actioned.
- The potential for greater variation or structure to food and menu choice is considered by the staff team.

Response from service provider

The Hall Lane Resource Centre are happy with the content within the report.

Acknowledgements

Healthwatch Manchester would like to thank the Hall Lane Resource Centre, its service users and staff for their contribution to the Enter and View visit.