

# The Seymour Care Home

## Enter and View Report

<b>Contact Details</b>	327 North Road Clayton, Manchester Lancashire, M11 4NY
<b>Visit Date and Time</b>	09/11/2018 10:30am - 12:30pm
<b>Healthwatch Manchester Representatives</b>	Neil Walbran (HWM CEO) Philip Tebble (HWM staff) Rachel Ricketts (Volunteer) Katherine Fithon (Volunteer) Farhana Akhtar (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: The Seymour Care Home

Type of Care: Residential

Number of Residents: 23

Description of Facility: The care home provides residential care, day care and respite care, and has provisions for people living with dementia. Although this facility offers day care we will refer to service users as residents for the purpose of this report.

Specialism: Caring for adults over 65 years, Dementia.

CQC Rating\*: Requires improvement.

**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 visit was good. The care home was welcoming and staff seemed to have good rapport with residents. There is evidence of ongoing training for staff, robust methods of monitoring the residents' health conditions and personal needs, and a provision of scheduled activities.

Some residents reported that available activities could have a wider range and suggested external trips they would enjoy. It is not clear whether they have made these requests to staff, and one resident became confused during our conversation - we recognise that the home cares for some people living with dementia.

There was a mix of long standing and relatively new staff, where agency carers are needed an effort is made to reuse people who are familiar with the home and residents. Although communication regarding resident wellbeing is well handled we identified some issues with communication between staff for other purposes.

There was evidence of the management team responding to feedback from recent CQC inspection report, including an upcoming schedule of redecoration and building maintenance.

## 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 unannounced Enter and View visit.

### 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 (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 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 three service users and conducted short interviews about their experiences of the service using guided questionnaires. Six 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 including flowerbeds and parking areas. The rear of the building offered a large garden space which was also well kept with an extensive lawn for recreational activities and no observable hazards.

### The internal environment

- Lighting in central corridor could have been brighter to improve navigation and safety for residents, though communal room and rear corridor was more brightly lit and featured a mural of a country scene which was stimulating. We are pleased to observe that redecoration is planned in the venue.
- The level of cleanliness of carpets and skirting areas could be improved, although generally the level of cleanliness was acceptable.
- The dining room had a walking frame against the wall which could present a hazard and there were the remains of food on the floor against the far wall, which was not cleared away during the visit.
- Food appeared to be readily available from the kitchen area through a hatch (which was staffed throughout the visit) on request.
- There were no cushions on the armchairs, even though this was noted as a requirement for one resident during the visit, to prop them up.
- The communal areas were warm and radiators had guards to protect people.
- Radio was playing during the visit, the volume was high though this may have been to accommodate people who are hard of hearing.
- There was a noticeable odour from one of the downstairs toilets. This toilet also had a non-functioning occupancy sign and contained a bedpan with urine in it.
- The stairs were securely gated, the back door was securely locked, an access code was required for each.
- It was noted that there were no hand-towels available in one of the toilets.
- The cupboard in one shower was seen to lack a lock and residents could have access to hazards.
- The alarm pull in the shower room was not close to the direct shower area and may be difficult to use in case of a slip.

### Staff

- Apart from one member of staff no name badges observed during the visit.
- Staff were well presented and seemed to have good infection control in place.
- Good interaction was observed between residents and staff, including chatting and dancing. The staff approach was conducive to a relaxed environment.

### Signage

- There was signage on the doors of people's private rooms and the toilets but no signage directing people to these facilities in the corridors. This isn't seen as a major issue in navigating the venue due to adequate staff support.
- There was no display of staff pictures or 'on duty' list observed in communal space on the visit.

- There was an activity list displayed but the activity for that time was not adhered to during the visit. See 'Responding to people's needs'.
- The menu displayed had the wrong date on it and there didn't seem to be a vegetarian option. Sandwiches were listed as an alternative but there was no detail around choice of fillings.
- There was no visible information about how to give feedback but several residents felt they could speak to staff or management if there was any problem.

### **Responding to people's needs**

- Although scheduled activities did not occur during the visit other activities were seen to be provided by individual request. This seems to be evidence of a more tailored approach to keeping residents stimulated and entertained.

### **Social Activities**

- During the visit we observed people dancing, escorted walks outside, a pool table.
- Activities were organised by a dedicated staff member who told us that they spoke to each resident before trying out different things including games, bingo, board games, paints, pub lunch, hand and foot massages, going to church, trips to the cinema, shopping, excursions.

### **Dignity and Care**

- Toilet and shower facilities are not single sex but are individual cubicles.
- All residents seemed well presented and groomed, no outstanding issues witnessed. Nobody was still wearing night clothes.
- Residents' rooms were named and secure.
- Nurse Call alarm system is in place, alarm mats, mattresses and door connections are also provided.

### **Overall Atmosphere**

The atmosphere throughout the care home was calm and relaxed.



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

Three residents were interviewed.

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

- Food menu could be more varied
- The dentist and optician could visit more frequently
- There could be more opportunity for trips out and more varied in-house activities
- One resident reported that there could be more access to prayer times.

Residents reported that staff knew their names and preferences, and gave an overall positive feedback on their friendliness and care. Staff had time to stop and chat and would explain meal options.

It is poorly evidenced that residents can influence what goes on in the home, though joint meetings where activities are planned was mentioned as an example.

## **Findings from speaking to staff**

Six members of staff were interviewed, these included the manager and deputy manager as well as staff in care roles.

### **Have a strong, visible management.**

- Staff seemed confident to speak to management on an ad hoc basis.
- There were conflicting reports from staff regarding support provided by management and formal access to their line manager.
- It was reported by some that there are not regular supervision sessions or staff meetings, though staff seemed well supported and resident care plan/day books were comprehensive and up to date which is indicative of a robust administration process involving a full team.

### **Have staff with time and skills to do their jobs.**

- Staff seemed confident that they had the time they needed to provide good level of care. There is also time allotted for adequate hand over between shifts.
- 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.**

- Before admission the management speak to the resident, their family, doctor and previous carers to build up a biography and notes of preferences.
- Residents have a comprehensive and up to date individual care plan document which introduces staff to their situation. 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.

- Staff are happy to run errands for residents if needed.

**Offer a varied programme of activities.**

- There is an events coordinator and assistants. Activities include crafts, music, colouring in and other in house events but a lower level of excursions other than to shops and church. Residents are encouraged and assisted to take part by staff.

**Offer quality, choice and flexibility around food and mealtimes.**

- There is a rota of four weekly menus. Each menu offers two choices per meal, and an alternative of something smaller if needed. If residents have low appetite this is noted and tracked over time. Staff will sit and encourage eating if required.
- Meal provision accommodates requests outside of mealtimes.
- There are images of the menu items available to help with choice and residents can change their selection when it is brought to the table.

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

- GPs visit regularly. There was a reported challenge around reaching GPs on demand particularly when communication is via practice receptionists. Community teams, mental health teams and district nurses are more accessible.
- It was reported that dentists only visit when required which is cause for concern if people's oral hygiene is not being maintained but only addressed when symptomatic.
- Opticians and chiropodists visit regularly.

**Accommodate residents' personal, cultural and lifestyle needs.**

- Spiritual needs seemed to be addressed. A priest visits to give holy communion regularly. There were no reports of current residents with non-Christian faiths, though halal options had been offered on the menu in the past.

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

- This wasn't evident, although joint meetings with staff and residents were mentioned.
- Staff reported that residents speak freely with them and can raise issues.

## Recommendations

- Communication channels and methods between staff and line management need to be improved to mitigate conflict resolution before this arises. This should include regular team meetings and transparent grievance process.
- More and accessible options are required which enable residents to give feedback and have a say in improving the care home. This could be in the form of a suggestions box and/or a “You said... We did...” display.
- Residents need to be consulted regarding activities, and the range of activities expanded although it is acknowledged that this is within a finite resource envelope.
- Staff should be encouraged to be more observant or responsive regarding day to day health and safety requirements (environmental) in the running of the care home.
- The lighting and décor of some parts of the care home need to be improved and this could be a decision made jointly with the residents. It is recognised that a redecoration schedule is due to begin.

## Response from service provider

The Management of Seymour Care Home thank all the representatives of Healthwatch Manchester for their visit and thorough analysis of our service. We are pleased that you have picked up on the positive differences we are making for our residents. We will incorporate the suggestions made into our service improvement plans going forward and we will continue to employ various way to seek input from staff and residents to help instruct further changes.

## Acknowledgements

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