



**FREEDOM
& CHOICE**

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The Riverside Nursing Home

Enter and View Report

healthwatch
Rochdale

Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at www.healthwatchrochdale.org.uk

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank The Riverside Nursing Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Visit Background & Purpose

Background

Healthwatch Rochdale visited The Riverside Nursing Home on Thursday 27th July 2018 at 2pm - 4.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The visit was based on eight care quality indicators developed by Independent Age. According to the indicators a good care home should:

- Have strong, visible management
- Have staff with the time and skills to do their job
- 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 visit, therefore The Riverside Nursing Home management and staff were expecting us. Enter and View representatives who took part in this visit were:

- Alex Leach
- Claire Birch
- Dave Logan
- Jane Jackson
- Mahfuz Amin (Shadowing)

We were greeted on arrival by the manager and given a tour of the home. Questionnaires and observations were conducted based on the eight care quality indicators. Most of the residents in the home did not have the capacity to speak to us; on the visit we spoke to:

- The manager
- Four staff members
- Two residents
- Two family members

After the visit was completed, the lead representative spoke with the manager to give a summary of the visit and inform them a report with recommendations will be written and sent over. An opportunity for the provider to comment on the recommendations will be given.

Results of visit

A good care home should have

1. Strong and visible management

The manager told us she has currently been in post for approximately six months and wanted to “come into the role to make positive changes following a CQC (Care Quality Commission) rating of inadequate. My long-term vision for the home is to achieve a CQC rating of good”. The manager told us “both the residents and the staff are my priority. The home provides a challenge and the enjoyment comes from making improvements within the organisation”.

All staff members told us that they felt the manager is “very approachable” with three staff members telling us the manager “Definitely listens” and “makes sure staff are happy with any changes”. However, one staff member told us that even though “the manager is approachable” they “don’t always feel listened to”.

Three staff members felt that they received support from the manager, telling us there was “an open-door policy” and can receive “whatever support you need”. However, one staff member said the support they received from the manger was “none”.

Two residents we spoke with told us they knew who the manager was with one resident telling us that they thought the manager was a “good worker and very efficient and reliable”.

Both family members of residents knew who the manager was and confirmed she was friendly and helpful describing management as “Brilliant, can’t find fault”.

On our visit we observed the manager interacting with residents and family members and singing and dancing with one resident.

2. Have staff with time and skills to do their job

The manager told us that currently all staff members are carrying out Level 2 Dementia Training and some staff members are carrying out an NVQ Level 2 or 3 in Health and Social Care. The manger also told us that staff have “1-2-1 supervision every two months and an annual appraisal once a year”.

Two staff members said they felt that they had enough time to care for residents as they were “fully staffed” with “good staff to residents’ ratio”. However, two staff members told us that they don’t feel they have enough time to care for residents with one staff member saying, they “always seem to be rushing. Residents need a lot of attention. There are three staff on at the moment and there are eighteen residents”.

All four staff members said they received training to help them do their job in areas of Dementia Training, Infection Control and NVQs in Health and Social Care.

All staff members spoke about enjoying their job because they like “looking after people”, “making (residents) last few years a good experience and enjoying “being able to give and provide support. I like to know I have made a difference”.

One resident told us they felt that staff were “perfect” and had the time to stop and chat with them saying staff were “very helpful”. A second resident told us that they “liked some” staff members.

Both family members we spoke with said they felt that the staff had the time and skills to do their job.

On the visit we observed staff talking and chatting with residents and family members with staff being patient, friendly and respectful.

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

The manager told us that all residents arrive with a care plan in place. This is reviewed by a member of staff, including family members where appropriate, to get an understanding of the resident’s life history, personality and health and care needs. The manager also told us that they have implemented a key worker system within the home. This gives residents and family members “a key point of contact to enable discussion around their care within the home. The key worker is supported by a nurse”. The manager told us how they thought it was important to understand resident’s life stories through verbal communication and this has received positive feedback from family members”.

Staff members told us that they get to know individual residents through “reading care plans at handover” and “speaking with family members to help build up a picture”. One staff member told us that residents have a folder including ‘This is me’ information.

Staff members told us that information on a resident’s tastes, health and care needs are “updated in the care plan by nurses” and staff are “informed of changes at shift handover”. One staff member told us that residents are “assessed regularly” and there is a “communication book, which staff read when they come on shift and sign with initials to say they have read it”.

One resident told us that “yes, generally” all staff know their needs, like and dislikes.

Two family members said they felt staff knew their relative well with one relative saying they got to know their resident through doing a “memory book and life history and using old photos”. Both family members said the home noticed and responded to changes in their relative’s needs and told us “if anything happens they update you”.

4. Offer a varied programme of activities

The manager told us that “due to the majority of resident’s having dementia, it’s important to fit activities around them”. Therefore, although there are set activities in place, the majority are focused toward memory prompting activities with residents, including board games, crosswords, singing and dancing. The manager told us the home had held some recent events including a “Ruby Wedding Anniversary”, “Royal Wedding Party” and a “Valentine’s Lunch”.

Staff members told us about the various activities that are offered which include, quizzes, karaoke, board games, books, DVDs, music, dancing, colouring, bingo, dominoes, hand massage, movie nights with popcorn and crisps, local trips out to the park and the local lake, going shopping and visiting cafes.

Staff members said, “that most residents are not very active and are not all able to express their preferences”. However, all residents are “encouraged to participate and given as much assistance as possible” with “the reminiscence box (being) very popular”.

One resident told us that the activities they like in the home are “Skittles, board games, bingo and some of the musical entertainment”. They told us that they would like to have a “pool table or a small snooker table and some table tennis”.

A second resident told us that they like to do crayoning and would like to see “badminton and tennis” activities available. When asked about day trips outside, both residents told us that they would not go, with one resident saying they would only go on day trips “with family”.

One family member told us that activities in the home are “pretty good” and their family member has “been taken out in their wheelchair from time to time”. A second family member told us that their resident “only plays dominoes with the family. Otherwise they are not interested, and they won’t take part in any activities without us”.

Both family members said their resident was encouraged to join in activities, but they are not “very responsive” and “won’t even let them do (residents) nails, but they’re done now”.

On the visit we observed picture displays in the lounge of residents and staff on local trips out. We also observed a Coronation Street Reminiscence box, board games, dolls, books, CDs, DVDs, a radio and arts and crafts. One resident was playing dominoes with a family member and another was colouring. There was a helium anniversary balloon in the lounge from a recent wedding anniversary party.

We observed some residents being taken to the outdoor area which was located at the back of the home and consisted of a flagged patio area with a table and chairs.

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

The manager told us that there are two sittings for each meal time with breakfast being served at 6am -10am, lunch at 12pm -12.30pm, dinner 4pm-5pm and supper in the late evening. For those without capacity “Two choices are brought out at mealtime for residents to pick their choice”. To support residents to eat and drink at mealtimes the home uses “different coloured plates and equipment for sensory aid to assist with eating” Family members and staff all support residents at meal times if required. The manager also told us that two residents had chosen to eat their breakfast that morning in the patio area due to the warm weather and were assisted in their choice to eat there.

Staff members told us that residents can choose from “2 choices at lunch and dinner” but “can have an alternative” if required and staff are “happy to meet residents requests”. There is a menu for those who “are able to choose” and drinks are available “throughout the day” with “fruit and snacks being available at all times”. Residents are able to choose whether they sit at the dining table or remain in the lounge.

One resident told us that the food is “excellent” with “plenty of choice”. When asked if they enjoyed mealtimes, they replied “love them”.

A second resident stated that the food is “not good” and did not enjoy mealtimes but that there was enough choice of what and when to eat.

One family member told us the food was “very good. Just like home cooking” and that they felt mealtimes were sociable with their resident being supported to eat and drink as much as possible. When asked if they can stay and eat with their relative they told us “never been invited to eat, but I’m always offered a cup of tea”.

A second family member informed us that the choice of food was “good, but (resident) doesn’t want to eat it” and said “(resident) has a sweet tooth and only likes to eat chocolate and cake. Been seen by a nutritionist though and everything is ok”. When asked if mealtimes were sociable they answered, “Yes, but we avoid mealtimes as we distract (resident) and then they won’t eat at all”. The choice to stay and eat “is there but we have not taken it up”.

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

The manager told us that residents have regular optometry and chiropodist treatment. however, in terms of dental treatment only a couple of the residents have this as they don’t like their teeth being touched.

All staff members stated that the optician and podiatrist visit regularly as well as visits from a hairdresser. However, there was some confusion over how often the hairdresser visits with us being told, “monthly”, “once or twice a month”, “fortnightly” and “three weekly”.

One staff member was unsure if residents had access to preventative dental treatment. Three staff members said that there were “no dentist visits” but that residents can “visit their own dentist”.

One staff member told us that the home is taking part in the local oral health initiative.

One resident stated that they get to see an optician and a dentist yearly. A second resident told us that they see the optician but do not want to see a dentist.

One family member informed us their relative did not see a dentist as they had no teeth but “has their feet done and the hairdresser comes in. You can always tell when the hairdresser has been”.

A second family member told us “does not know to her knowledge but (resident) does see a Chiropodist and hairdresser regularly”.

7. Accommodate residents personal, cultural and lifestyle needs

The manager explained that information in the care plan and from family members helps them to get an understanding of a resident’s personal, cultural and lifestyle needs. Currently there is “no one in the home who requires a member of a faith group to attend,

but this could be arranged if required". On the staff team there are members who speak "Urdu and Polish, although at present no residents speak these languages".

One staff members said that there was a "visiting Chaplain at weekends" but a second staff member told us that there was "no current visiting Chaplains" and a third said there was "no regular spiritual visits".

Three staff members said that residents would be "taken to church if requested" and that "Halal food could be provided if requested".

Two residents felt that the issues of personal, cultural and lifestyle needs was not applicable to them.

Two family members explained that their resident has no personal, cultural or lifestyle needs.

On our visit we observed that one resident sat within the main entrance foyer with the door open to smoke. The home opened onto a small car park and then onto a busy road, there was no designated smoking area observed.

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

The manager informed us that since she has been in post there has been two family and friends meetings where positive feedback was shared about recent improvements and changes in the home. A quality assurance survey has been undertaken that highlighted the improvements within the home and a feedback box is located in the main reception.

The manager told us that feedback is "reviewed at team meetings to implement any changes required. Any urgent issues would be dealt with immediately". The manger informed us that they are thinking of creating a display of 'you said, we did'.

Three staff members told us they felt able to have a say in how the home is run telling us at "staff meetings we can put forward our ideas" and at "meetings we can express concerns and ideas".

A fourth staff member felt unable to have a say in how the home is run.

One resident told us that they would never need to make a complaint but if they had to, they would go to the manager.

Two family members told us that they are able to have a say in how the home is run and give feedback. We were told "we did a feedback survey last week" and "if a visitor has ever had anything to say or suggest it has always been accepted and welcomed".

Both family members told us that they knew how to make a complaint, "via manager" and both felt confident that the complaint would be acted on appropriately.

Observations noted a comments and suggestion box and a feedback form located near the signing in book.

Recommendations

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The findings in this report are based on eight care quality indicators. The Enter and view visit showed that The Riverside Nursing Home meet the requirements of some of the indicators. However, the requirements of some of the indicators are not fully met and the following areas of improvement have been identified.

Therefore, considering this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced issues of some staff members feeling they do not have enough time to spend with residents. Therefore, in accordance with indicator 2 ‘Have staff with time and skills to do their job’ we recommend:</p> <p>“To have enough staff on duty to ensure staff can spend quality time with residents to prevent any feelings of isolation and loneliness”</p>
2	<p>Our findings evidenced a lack of plants and flowers in the outdoor area. Therefore in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <p>a) ‘To incorporate plants in the patio area with a range of scents, colours or textures to stimulate the senses’</p> <p>b) To create a small memory garden to encourage conversation and spark reminiscence such as pictures of parks, caravans and holiday destinations’</p>
3	<p>Our findings evidenced that not all family members were aware of the choice to stay and eat with residents. Therefore, in accordance with indicator 5 ‘Offer quality, choice and flexibility around mealtimes’ we recommend:</p> <p>“To ensure that all family members are aware of the option to stay and eat with residents at mealtimes”</p>
4	<p>Our findings evidenced a lack of a designated smoking area where residents can smoke without impinging on visitors or people coming into the home. Therefore, in accordance with indicator 7 ‘Accommodate resident’s personal, cultural and lifestyle needs’ we recommend:</p> <p>“To create a sheltered designated smoking area where residents can smoke without the smoke impinging on others”.</p>

Response from Provider

The provider provided no response to the findings of the report.

Contact us



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If you require this report in an alternative format, please contact us at the address above.

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