



Briarmede Care Home Enter and View Report

October 2018

healthwatch
Rochdale

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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/ukxi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Briarmede Care 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.

Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care. At the time of the Enter and View visit, Briarmede Care Home was rated as requires improvement by CQC. To read the latest inspection report from the CQC please visit www.cqc.org.uk

Visit Background & Purpose

Background

Healthwatch Rochdale visited Briarmede Care Home on Wednesday 17th October 2018 at 2.00pm - 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. However, due to information not reaching Braeside Care Home prior to the visit management and staff were not expecting us but did allow us to carry out the visit on arrival. Enter and View representatives who took part in this visit were:

- Alex Leach
- Claire Birch
- Emma Radcliffe
- Irene Jackson
- Elizabeth Williamson

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. On the visit we spoke to:

- The manager
- Four staff members
- Seven residents
- One family member

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 shared with the provider. 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 worked in the care home environment for sixteen years, working her way up, and so understands the care environment. The manager told us that the things she enjoys most about her role is “making a difference” and that the work is “rewarding” and she “cares for residents like their mother”.

Staff members told us that they felt the manager is easy to talk to when you wanted to ask a question or raise an issue, telling us that management is “easy going and listen to you” and that staff “get on well with them”.

Three staff members felt that they received support from management, telling us that both managers are “always there when you need them” and “really good. The best managers we’ve had here, they work really well together”. However, a fourth staff member felt they received little support saying the support they get is “not a great deal. I’m left to do as I please”.

Four residents we spoke with told us they knew who the manager was, telling us that management was “very good and helpful”. Two residents told us that they didn’t know who the manager was, and one resident didn’t answer the question.

One family member we spoke with said they knew who the managers of the home were and that they were “both very helpful and friendly” and “always listened when (resident) first arrived”.

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

The manager told us that there is “set training for staff” including “Level 3 moving and handling” and “person centred care”. The manger also told us that staff have “1-2-1 supervision” and “a yearly staff survey”.

Four staff members said they felt that they had enough time to care for residents but three staff members told us that “sometimes it gets really busy”, “sometimes we have time to chat to the residents, but sometimes it is really busy” and “sometimes people phone in sick and you can’t do anything about that (but) as long as the residents are smiling I feel like I’m doing my job”.

All four staff members said they received training to help them do their job and have undertaken training in areas of “equality and diversity”, “food hygiene” “NVQ level 3 in care”, “moving and handling” and “first aid training”.

All four staff members spoke about enjoying their job because of the residents they care for telling us they like “seeing the residents laugh”, “sitting and talking to the residents”, “seeing the residents happy”, “ (if) the residents are happy then I’m happy” and “I just love caring for them”.

Five residents told us they felt that staff had the time to stop and chat with them, telling us “the carers are all really friendly and helpful and sit and have a chat with me” and “they ask me all the time how I am”. However, one resident told us that staff are “too busy” to stop and chat with residents and that “they would (stop and chat) and they are friendly, but they are busy”.

One family member we spoke with told us that they felt that the staff had the time and skills to do their job saying, “all staff make the effort but sometimes they might be understaffed”.

We observed staff treating residents with dignity and respect, however staff did seem quite busy with one staff member being called away from talking to us due to being needed elsewhere. We also observed that there was water on the bathroom floor that had not been cleaned up and a clean pad on the bathroom floor. A Healthwatch Rochdale representative alerted staff to this at the time of the visit.

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

The manager told us that on arrival residents have a “ 1-2-1with the activities co-ordinator” and that “all health notes and risk assessments” are in the “care plan”. The manager also told us that information about a resident’s tastes and their health and care needs are “reviewed every month” and residents have a “diet and fluid chart”.

All four staff members told us that they get to know individual residents through “looking at the care plan” with one staff member telling us they get to know residents by “look at the care plan and talking to them (residents)” and another staff member telling us that residents have a “getting to know me” document on admission.

All four staff members told us that information on a resident’s tastes, health and care needs are “updated in the care plan” which is “reviewed every month” and “updated as and when required”.

All seven residents told us that staff know what they need and their likes and dislikes, with two residents saying they “would tell them” and a third resident telling us “they know me really well and my likes and dislikes”.

One family member confirmed they were asked about their relative’s life history and updates staff about anything they need to know.

4. Offer a varied programme of activities

The manager told us that the home has an “activities co-ordinator” with activities including “knitting, arts and crafts, board games, tea parties” and trips outside to “day centres”. The manager told us that residents are “encouraged to join in” but activities are “not forced upon the residents”.

All four staff members told us that the home has an activities co-ordinator who is responsible for the programme of activities which include “aromatherapy pamper sessions, knit and natter group, a gentlemen’s club where men can play scrabble or cards and have a shandy with one lady also attending and having a baileys, afternoon tea, arts and crafts, visits from Manchester dogs home with therapy dogs, a donkey visit from the donkey sanctuary last year, entertainers/singer once a month, children from local primary school coming in to sing at Easter and Christmas, fortnightly church service with the vicar playing piano, gardening and potting plants, trips to Blackpool once a year, reminiscence sessions using a different reminiscence box on a monthly basis loaned from Rochdale council and an upcoming planned Halloween party”.

Staff members told us that on admission the activities co-ordinator meets with the “resident and family member (if applicable) to get to know their likes and dislikes” and what types of activities they enjoy. A record is also kept that states “who has joined in with which activity” to keep a track on what residents are enjoying and what they aren’t.

Staff members told us that residents are encouraged to join in activities, but one staff member told us that “some residents like to stay in their room” so they have a “room visit and tea and a chat” with one to one time with the activities co-ordinator. We were told that one room visit included visualising being on the beach with “wave music” and “ice cream”.

Residents told us that the activities available to them in the home are, “cards, carpet bowls, dominoes, piano, knitting, painting and music” with outdoor activities including a “trip to Blackpool” and “out shopping to Middleton”. Six residents told us that it was easy to join in with the activities if you wanted to and a seventh resident didn’t answer the question.

Two residents told us they preferred to stay in their room, telling us “I stop in my room and watch DVDs and do puzzles. I am more than happy to be in my room” and “I do like to stay in my room (but) I knit in the lounge”.

Three residents told us that they are still able to do things they enjoyed before coming into the home, telling us “I do go out a lot”. A fourth resident told us “I was in the church choir, but I can no longer do that” and a fifth resident said “I enjoyed sport, though I do go to my room to watch it”.

One family member we spoke with told us their resident “spent a lot of time with the activities co-ordinator” and has “started knitting and playing the piano again” as well as going on a “day trip to Blackpool and a one to one shopping trip in Middleton”. The family member told us that they would “like to see more animals in the home, possibly small petting animals”.

We observed an activities/outing notice board displayed in the hallway and a family member who had brought their dog into the home to visit their resident.

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

The manager told us that residents have “person centred diets” with “two choices per day”. The manager told us that “breakfast is served from 8am-10am, dinner at 12.30pm - 1.30pm and tea at 4pm -5.30pm”. The manager told us that there are also “extra, outside meals” and a “choice of drinks”.

Staff members told us that residents have “mainly set meal times” with “two options (at dinner and tea)” and a “choice of cereal, toast, egg on toast or tomatoes on toast” for breakfast. If they don’t like those options, they “can have something else”.

Staff members told us that residents can “sit with who they want to sit with” at mealtimes, with music being played and staff and residents having a “laugh and a giggle”. However, “some (residents) like to eat in their room, it’s their choice”.

Five residents told us that the food is “very good”, “nice, really nice” and “beautiful, spot on. All home cooked”. Two residents told us that they thought the food was “alright (but) I’m not a big foodie” and “very plain, but ok”.

When asked if they enjoyed mealtimes, five replied, yes, telling us they “always sit with people in the dining room”, “I always go down to the dining room” and “I do go in the dining room, I wouldn’t say it’s a special treat”.

One family member told us food is “all home-made” and that their resident is “not interested in the main course but does like her dessert. Staff offer an alternative of an omelette. (Resident) sits in the dining room and it is very sociable”. The family member also explained that their resident needs prompting to drink but they “don’t have any worries as staff do ask if she would like a drink”.

On the visit we did not observe any display of the menu for patients to be able see what options were available.

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

The manager told us that “all residents have the opportunity to have an eye test” and that there is access to dentistry and “chiropody every six weeks”.

All four staff members stated that residents had access to optometry and dentistry with staff members telling us “residents are taken out to the dentist but if they can’t go out a dentist comes in” and one staff member telling us they “recently took a lady to a dental appointment”.

All four staff members told us that the hairdresser comes in “once a week” and cuts “both men’s and women’s hair” with one staff member telling us the hairdresser “sometimes comes in twice weekly” if needed.

Three residents told us that they haven’t seen a dentist or an optometrist recently. A fourth resident told us they saw “both, about every four months and also a hairdresser” and a fifth told us they have seen an “optician twice since I came to the home” but “not really seen one (a dentist) in the home but I really need to see one”.

One family member we spoke with didn't know if their resident had regular access to an optician, dentist or GP.

On our visit we observed a small hairdressing salon with a hairdresser present styling a resident's hair.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that "residents have a pre-admission assessment and get to know their needs" and that "every Friday the reverend comes in" for residents who want this.

Two staff members told us that the "Church of England Minister comes in" and residents have a "choice whether they join in" and that it is "recorded if they take communion". One staff member told us the home has "a couple of catholic residents who are happy to receive communion from the minister but if they weren't they would look at trying to get a Catholic minister to come in".

One staff member also told us that there is a resident in the home who is "a vegetarian and gets vegetarian (meal) options".

Six residents felt that the home is respectful of their religion and culture in the home, telling us there is a "service every Friday", "a vicar does come in from Middleton, but I am not overly religious" and "a vicar has been". A seventh resident felt the issue of religion and culture is not applicable to them, telling us "I am not religious at all, a vicar comes but it is my choice not to see him".

One family member informed us that "the vicar comes in, not really sure how often" and their resident "really enjoys church".

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

The manager informed us that residents and family members can give feedback through "residents meetings" and "surveys" and staff are able to have a say in how the home is run "through team meetings" and that "plastic table cloths were incorporated" following staff feedback.

Three staff members told us they felt able to have a say in how the home is run telling us "yes and "they do listen but whether it happens is another thing" and one staff member told us "no" they didn't feel they were able to have a say in how the home is run.

Four residents told us that there is nothing they would like to change about the home, telling us the home is like "home from home for me. When I came here it felt right. I am quite happy to get better here", "no, everything is ok", "no, leave it as it is" and "I have no issues, just more staff". A fifth resident said, "they do try very hard, but I would like more space" and "don't like the swearing in the home. I tell people about it".

When asked if they knew how to make a complaint, residents told us "I would ask to see the manager", "nothing to complain about", "tell the manager, she listens", "just go into the office as they listen and are fair" and "I will tell my family first and have them there with me to support".

One family member told us that they felt like a welcome participant in the home and would “go to the manager” with any feedback. They also confirmed that knew how to make a complaint, “go to management” and both felt confident that the complaint would be acted on appropriately.

Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Briarmede Care 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 some issues of some residents not knowing who the managers were. Therefore, in accordance with indicator 1 ‘Have strong visible management’ we recommend:</p> <p>“For management to make time to engage with residents to ensure residents know who they are”</p>
2	<p>Our findings evidenced issues of some residents feeling that staff are sometimes too busy to stop and chat with them. Therefore, in accordance with indicator 2 ‘Have staff with time and skills to do their job’ we recommend:</p> <p>“To ensure staff are able to spend quality time with residents to prevent feelings of isolation and loneliness”</p>
3	<p>Our findings evidenced that staff members had no name badge and all wore different coloured uniforms which may be confusing to residents. Therefore, in accordance with indicator 2 ‘Have staff with time and skills to do their job’ we recommend:</p> <p>“Ensuring staff members are easily identifiable with name badges and that staff uniform is consistent where possible”</p>
4	<p>Our findings evidenced a lack of personalised information regarding residents in their room. Therefore, in accordance with indicator 3 ‘Have good knowledge of each resident and how their needs may be changing’ we recommend:</p> <ul style="list-style-type: none"> a) “To have a one-page profile on the back of resident’s doors with information such as name, likes, dislikes and what is important to the resident”. b) To have different coloured bedroom doors to make bedrooms feel more personal and individualised.

5	<p>Our findings saw no evidence of a menu being displayed so that patients were aware of food options. Therefore, in accordance with indicator 5 'Offer quality, choice and flexibility around mealtimes' we recommend:</p> <p>“Having a menu or a picture board of food choices displayed in the lounge or dining area so that residents know what food options are available”</p>
6	<p>Our findings evidenced that not all staff members felt able to have a say in how the home is run. Therefore, in accordance with indicator 8 'Be an open environment where feedback is actively sought and used' we recommend:</p> <p>“Having a 'you said we did' board for both residents and staff feedback to demonstrate how giving feedback can make a positive difference”.</p>

Response from Provider

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

Contact us



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