



# Carders Court

**CARE HOME**  
IVOR STREET, ROCHDALE

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Belonging to HC-One, The Kind Care Company

# Carders Court Care Home

# Enter and View Report

**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](http://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](http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf)

## Acknowledgements

Healthwatch Rochdale would like to thank Carders Court 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.

# Visit Background & Purpose

## Background

Healthwatch Rochdale visited Carders Court Care Home 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, and so Carders Court management and staff were expecting us. We were greeted on arrival by the manager and given a tour of the home in teams of two.

Questionnaires and observations were conducted based on the eight care quality indicators. We spoke to:

- The manager
- Eleven staff members
- Five 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 to comment on the recommendations will be given.

# Results of visit

## A good care home should have

### 1. Strong and visible management

The turn around manager told us she has been in post since March 2018 and is in place to help deliver improvements.

Seven out of eleven staff members told us they felt they received good support from management. Staff members defined management as “very supportive”, “easily approachable” and “easy to talk to” with two staff members saying management “listen to concerns. They give us advice and reassurance”.

However, three staff members spoke of receiving no support from management and told us current management was “brought in to make changes but having difficulties implementing them” and “changes causing difficulties”.

Out of five residents spoken to none knew who the manager of the home was. When asked if they knew who the manager was they answered, “not her name”, “I have forgotten her name”, “probably” and “no”. No resident was able to give an opinion on the manager.

Two friends and family members of residents knew who the manager was, with one family member saying the manager was “very approachable”. Concerns were raised regarding managers changing quite frequently, with one family member saying, “managers have changed quite regularly” and “managers change quite often. Previous managers have all only lasted for approximately twelve months”.

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

The manager told us that staff receive mandatory training with some staff carrying out NVQs and that the change over from HC-One should bring development opportunities. Staff also receive appraisals where they can discuss development and training requirements.

Three staff members said they received training and were encouraged to develop their skills through “refresher training” and receiving “new training regularly”. One staff member told us they were “NVQ level 3 trained” but “want to be an NVQ level 5, so I am doing this myself through government funded study”. Three staff members felt they received no training with one staff member saying, “training is needed”.

Seven staff members felt they did not have enough time to spend caring for the residents and spoke of wanting to have “more time for social interaction with residents” and not having “enough time to do everything you would like to do”. Three staff members felt that there was “more time spent with paper work” saying there “was more paperwork now”. One staff member spoke about how they were “sometimes very busy, especially with paperwork and telephone calls. We also have medication rounds and GP visits. Sometimes you can end up spending more time with outside professionals than the residents”.

One staff member we spoke with took the opportunity to share their concerns with us over a lack of incontinence pads available for residents over the previous 24 hours, although we were informed that residents did have pads but not the correct size. The manager on duty explained that there had been a miscommunication between staff and management regarding the order of these pads and they were currently using reserve stock until the order came in which would be the correct size for patients who require them.

Two residents felt that staff did not have much time to spend with them for social interaction saying that staff are “kind and friendly” but only stop for a chat “if they have time”.

One family member spoke of concerns about staffing issues, saying staff “have the skills certainly but not the time due to not enough staff. The staff try very hard in very difficult circumstances”. One family member said “yes, they seem to” have the time and skills but “medication is an issue, we are getting there though”.

During the visit, we observed staff members referring to residents by name, chatting with residents and speaking in a correct tone of voice as well as using caring gestures and touch. We also saw staff members making eye contact and smiling, as well as engaging with visitors and treating each other with respect.

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

The manager told us that all residents have a basic pre-admission assessment and a care plan which includes information on lifestyle and hobbies. The care plan is reviewed monthly.

Residents come into the home with a “7-day care plan on admission, this gives us time to reassess”. Seven staff members told us, that on admission residents “are asked about their hobbies, likes, dislikes and lifestyle”. One staff member said “A lot of residents enjoy chatting about their life. If they are unable to answer we also ask family members and friends”.

Five staff members told us that information on a resident’s tastes, health and care needs are “updated in the care plan” and a “food and fluids chart”. One staff member told us care plans are “updated monthly but if changes are needed it is done sooner”. Another staff member said they get to know a resident’s needs by “reading the care plan and figuring it out for yourself”.

Only one resident we spoke to felt that the staff knew what they needed, liked and disliked. With one resident saying they “don’t know anything about me” and a second saying “it is too soon to say”.

Two family members said they felt “immediate staff” knew their relative well but one family member expressed concerns over “people who don’t know (the resident) are the ones making decisions on care”.

#### 4. Offer a varied programme of activities

The manager told us that the home offers a range of activities including bingo, games, 1-2-1 trips, day trips, meals out and pamper and hairdressing sessions.

Staff members told us there are a variety of activities including exercise sessions, singers, cards and dominoes, day trips and music afternoons. Staff said residents are positively encouraged to join in but are not forced to participate. If they prefer, residents can take part in solo activities, such as colouring or reading. One to one activities are also arranged based on a resident's preference, "we have one resident who likes to go shopping, so a staff member will go with her to Tesco".

Residents spoke of getting "to go out" and one resident said, "I've been out twice in the last week, and 3 days a week I go to the day centre". A second resident said they "like to do colouring and watching TV". A third resident said they prefer to "stay in their room most of the time".

Family members who spoke to us, spoke negatively of activities inside and outside the home. One resident said, "they don't do much outside" and a second resident complained that the activities are "not very good". A third resident said "What activities are available are not suitable for someone with Dementia. There is a lot more happening on the other units. We had a singer come in last week, which was really good, but we had to really push for that".

During the visit, we observed a weekly and monthly list of activities displayed on a notice board in each unit. Activities included day trips out, pamper mornings, music, games, arts and crafts and bingo. On one of the units a book shelf was located in the lounge and also had a working bar. There was a replica tea room located in the conservatory where residents are able to take afternoon tea and celebrate their birthday, with evidence of a recent birthday celebration having taken place here. On the Dementia unit a memory box was observed with lots of replica materials to help trigger memories for Dementia patients.

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

The manager told us there is a set menu, finger foods and light bites, and residents are able to choose from these options. There is also soft foods and fortification for those that require it.

Staff members told us that there is a "choice of two main meals but the kitchen will make specials if a resident wants something not on the menu". The choice of food was described as "quite flexible" with residents being able to "ask for food when they want it" and "finger foods and snacks" were available. One staff member told us that the menu can be "slightly repetitive and is on a four-week cycle with cake and custard being served every night".

Social interaction at meal times is encouraged with "ninety per cent of residents choosing to sit at the dining table". One staff member told us that "residents can choose where to sit and interaction between residents is good". Another staff member said that "staff chat to residents whilst at the dining table".

Five out of five residents said they enjoyed meal times, with there being “plenty of choice” and an opportunity to “sit with others and make new friends”. One resident told us they enjoy mealtimes because you can “eat together and choose where you sit”.

One family member spoke negatively regarding the food saying “He always eats his food, but it looks so unappetising. I always taste his food before he eats it and it is disgusting. Sometimes the food doesn’t match what is on the menu and there isn’t enough to go around. Breakfast is ok though”. Another family member spoke of mixed messages regarding being able to stay and eat with your relative if you wanted to, saying “new managers ask you not to come at mealtimes, but the staff are happy to let you come”. Both family members felt that mealtimes were sociable. Meal times were not observed on the visit but we did see a daily menu with a variety of meal posted on the lounge wall. Tables had condiments and a small vase containing an artificial flower arrangement.

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

The manager told us that dental treatment can be sourced when required and if eye care is needed it is documented in the care plan.

Six staff members told us that optometry and dentistry came into the home, however there did seem to be some confusion over frequency. One staff member told us “the optician comes in regularly but there is no preventative dentistry. We would outsource a dentist if one was needed”, a second staff member said, “dental check-ups are done monthly” and a third staff member said, “a dental practice comes in to do six monthly check ups”. Another staff member told us the “chiropodist comes in once a month” and most staff members said the “opticians come in quite regularly”.

None of the residents spoke of receiving dental treatment or routine eye tests but one resident said they “could do with a check”.

One family member said their relative “saw the optician, not sure about the dentist” and a second said their relative did not see either.

During the visit we did not observe any visits from outside professionals, however we did see a pamper session taking place, with one resident having her nails painted. All residents looked clean with good hair/nail and personal hygiene.

## **7. Accommodate residents personal, cultural and lifestyle needs**

The manager told us they accommodate residents’ cultural, religious and lifestyle needs. Contact is made with the local church if required.

Seven staff members were aware of how residents’ cultural and religious needs were being accommodated. One staff member told us that “residents are asked their religious preferences on admission” and a second said “residents can be taken to church”. A third staff member told us that “Holy Communion is brought into the home every week” and another told us that a recent resident was a Muslim and so they were given “halal food”.

Four residents felt that the question of respect and culture in the home was not applicable to them and a fifth answered “yes” there was respect for their religion and culture in the home.

Both family members spoken to also felt their relative had no specific cultural or religious needs.

On the Dementia Unit, Memory boxes placed outside a resident’s bedroom were observed which contained photographs, information and other items that were important to a resident and formed part of their life history.

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

The manager told us the home run an ‘open door policy’ for all residents and family members to have their say. There is also a manager meeting and a feedback survey.

Six staff members said they felt they were able to have a say in how the home is run. One staff member told us “If you have any concerns or feel anything should be done differently, you can speak to the manager”. A second staff member said they feel “very influential and concerns and ideas are listened to”. However, a third staff member said they couldn’t have a say in how the home is run because “changes are causing difficulties” and another said, “not really”.

Residents seemed a bit unsure of what they would do if they had a complaint with one resident saying, “Depends on what it is as I have no immediate family” and a second saying they were “happy here”.

Both family members said they knew how to make a complaint if they wanted to, with one family member telling us “I give feedback but I’m not sure if it is taken on board”.

## Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Carders Court meet the requirements of most of the indicators. However, to score highly on each indicator the following areas of improvement have been identified.

Therefore, considering this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced issues with high manager turnover and retention. Therefore in accordance with indicator 1 ‘To ensure Strong, Visible management’ we recommend the following:</p> <p>Identify reasons for high manager turnover and put resources in place to prevent this from occurring to ensure strong, consistent leadership.</p>



2	<p>Our findings evidenced issues of communication between management and staff. Therefore in accordance with indicator 2 'Have staff with time and skills to do their job' we recommend:</p> <p>'Ensure clear communication pathway channels between management and staff members.</p>
3	<p>Our findings evidenced inconsistency across units regarding activities. Therefore in accordance with indicator 4 'Offer a varied programme of activities' we recommend:</p> <p>Ensure the same amount of activities are available for residents with Dementia and involve friends and family members in decisions about what activities are available.</p>
4	<p>Our findings evidenced issues and confusion over preventative dental treatment. Therefore in accordance with indicator 6 'Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists'we recommend the following:</p> <p>Ensure managers and staff members have information on current dental schemes around prevention in the Rochdale borough.</p>

## Response from Provider

Response received by Turnaround Manager, HC-One, 29<sup>th</sup> June 2018

1. It is important to acknowledge that change is difficult, and we acknowledge the staff at Carders Court Care Home have been through a number of changes following the change of ownership of Carders Court from Bupa Care Services to HC-One in December of 2017. With a new senior management team to get to know and the introduction of new care documentation.

It is disappointing that some of the staff spoken to feel they had little support from the management. The home has a number of staff in the management tea, all available and visible on the units and happy to speak to staff including the House Managers, Clinical Services Manager, Head of Care and General Manager. Staff also have been given the number for whistleblowing this is a service they can use to discuss any concerns they do not feel confident to discuss with their manager.

2. The report has drawn focus to the amount of time staff and relatives feel is taken away from direct care to residents by the completion of paperwork including the new documentation brought in by HC-One. Due to regulations and how care homes are inspected documentation of care delivery is essential as this is evidence that the resident's needs are met on a daily basis. It is true that over the years most of our care

staff have been working at Carders Court the amount of paperwork has increased due to the requirements of CQC and the local authority.

All care documentation and additional supplementary charts are reviewed in line with individual resident's clinical needs and the requirements from CQC and the local authority.

All staff complete mandatory training annually, which is delivered either face to face or via work books, as a home we have accessed training from the local authority for registered nurses and care staff.

We work directly with a training provider for NVQ

More recently we are excited to be moving to deliver training via HC-One touchstone computer training which will allow staff to complete training and assessments on line, participate in the HC-One academy to develop further skills. Some training will remain face to face and be delivered by our qualified training department on site.

3. Staff try to get to know residents likes and dislikes shortly after admission speaking to the resident and their family or friends.

4. Activities are available 7 days a week, organised by a team of wellbeing co-ordinators, they speak to residents and their families frequently when organising the programme for the home. Activities are held on all 5 units and residents from all units are encouraged to attend any unit for activities. Throughout May and June 2018 the following activities were held

6 singers attended Carders court - various units for the afternoon

4 music workshops

Coffee mornings

Gardening with local school children

An evening meal to the plough

Zoo lab (animals)

Armchair exercises (with PULSE) - weekly

Along with daily activities on each unit - Art club, Bingo, Quiz, Walks out, Reminiscence therapy, balloon exercises, 1 to 1 in bedrooms, pamper - nail/hands.

5. Staff and management check the quality of food, there is also a feedback book which can be completed to give feedback on meals to the kitchen.

The menu is varied and the kitchen are always happy to listen to feedback and improve the service provided.

6. Each resident at Carders Court is registered with a local GP. All of whom attend home visits when requested by the care staff.

The nursing unit has a weekly ward round.

Each resident is offered the opportunity to register with an optician who visits the home routinely to complete annual eyes checks for all residents registered, and more frequently

should the need arise. Providing glasses and prescriptions. However, some residents and families choose to remain with their local opticians, with family or staff supporting a visit to the optician when required.

The home has a chiropodist who visits each resident on his list 6 weekly (for a small charge), on admission this service is offered to all residents, some choose to see their own chiropodist and some residents are under the care of podiatrists. The chiropodist visits most weeks and is happy to see residents in between visits if required.

The home is able to refer residents to a local dentist if they wish to have routine checks, and can source a dentist to visit the home if the resident is unable to travel to the dentist. In 2018 staff within Carders Court have completed Oral Care training with the local authority to increase their knowledge of the importance of oral hygiene.

7. As a care home we try to respect individual residents personal, cultural and lifestyle needs, the whole team at Carders Court work hard to promote this.

8. Staff have the opportunity to feedback to management at Carders Court daily, during a daily meeting held in the administration block or when the manager completed a walk around the units, and during staff meetings.

Unfortunately, not all areas causing difficulties for staff can be changes, for example the documentation mentioned throughout the report, this can make staff feel as if they are not being listened to - as changes cannot be made.

Information leaflets are available for residents and relatives to inform them of how to raise a concern or make a complaint, and of the policy the home will follow in response to their complaint.

As a home we are always happy to listen to feedback both positive and negative and to work with residents and relatives to improve the level of service and care we give.

# Contact us



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