



# Archmoor

Care Home

**A family owned home ...  
... where care comes first**

**Long Stay**

**Short Breaks**

**Day Care**

**Seasonal Breaks**

**Tel: 0161 653 2454  
www.archmoor.co.uk**

**Archmoor**  
**Enter and View Report**

**June 2019**

**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/ukxi/2013/351/pdfs/ukxi\\_20130351\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf)

## Acknowledgements

Healthwatch Rochdale would like to thank Archmoor 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.

## Enter and View Visit Information

Service address	Archmoor Care Home, 116 Sandy Lane, Middleton, M24 2FU
Service Provider	Mrs Margaret Elizabeth Pilkington
Type of service	Care Home - Residential Care – Privately Owned , Registered for a maximum of 20 Service Users
Date and time of Enter and View visit	Thursday 20 <sup>th</sup> June 11.00am - 2.00pm
Authorised Enter and View Representatives	Claire Birch, Karen Kelland, Emma Radcliffe & Irene Jackson

## 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. The CQC publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit Archmoor Care Home was undergoing checks by the CQC. To read the latest inspection report please visit <https://www.cqc.org.uk/provider/1-145336442>

# Visit Background & Purpose

## Background

Healthwatch Rochdale visited Archmoor Care Home on Thursday 21<sup>st</sup> June 2019 at 11.00am - 2.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

In 2018/19 visits were based on eight care quality indicators developed by Independent Age. For the 2019/20 programme of visits, Healthwatch Rochdale decided to include a ninth indicator which focuses on the environment to enable better reporting in this area.

The indicators are:

- 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#

- Provide a physical environment which is suitable for the needs of the residents

## Methodology

This was an announced visit within a two-week time frame and therefore Archmoor management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Karen Kelland
- Emma Radcliffe
- Irene Jackson

We were greeted on arrival by a senior care assistant and our questionnaires and observations were conducted based on the nine care quality indicators. On the visit we spoke to:

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

After the visit was completed the manager was informed that 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 that she had been “in post for two years” and that she became attracted to the role of a care home “whilst studying for her degree at University” as she “enjoyed mental health and dementia and felt it was a natural role for her passion and skills”. The manager told us she enjoys the “challenges” that come with the role and has “implemented structure to care” for example using “guidelines for activities of daily needs”.

All three staff members we spoke with told us that they felt supported by the manager with staff members telling us that they received “good support” and “can go and see the manager anytime to deal with a situation as it arises”. All three staff members said that it is easy to speak with the manager as she is “always there if you need her” and that her “door is always open”.

Four residents we spoke with said they knew who the manager of the home was telling us the manager was “brilliant, she’s really good and very helpful”, “very nice”, “lovely” and “she is a nice lady, she talks to us every day”.

One family member we spoke with said they knew who the manager of the home was and that she was “very” friendly and helpful. A second family member didn’t know who the manager was.

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

The manager told us that the home has a “training programme” for staff and that staff are trained through the “care certificate” and training in areas of “dementia, diabetes, infection control and health and safety”. The manager also told us that staff are taking part in training offered by Springhill Hospice on palliative care and that she is “starting to use NVQ skills to verify and improve staff skills”.

The manager told us that she ensures staff have enough time to care for residents through “asking for feedback from staff” with “residents and family included in feedback”. The manager said that the home “provides extra care when resident dependency changes” but it is normally “2 care staff and 1 senior per shift for 19 residents”.

Staff members told us that they felt they had enough time to care for residents telling us the job “can be demanding but is rewarding”. Staff members told us that they felt encouraged to develop their skills with two staff members telling us they have taken part in training delivered by Springhill Hospice on Palliative Care. One staff member told us that “a training provider comes into the home” and does review training on things like “moving and handling”. A second staff member said they had completed a “dementia course” and that the manager had asked them if they wanted to begin their “NVQ”. A third staff member said they had completed “oral care training” and “would like to do their NVQ to improve (their) skills and knowledge”.

All three staff members told us that they enjoyed their job saying “this is the best job I have ever had”, “ I love the residents, I love talking to them” and they enjoy “knowing the residents are getting looked after”.

Three residents we spoke with said they thought the staff were good telling us “(I) love them all, we are one big happy family. It is not them and us, we have all lost somebody so they help us”, and “all the staff are my friends and will do anything for us and treat us all well”. A fourth resident said that some staff were “very good” and “some not very much, they can be a bit sharp”. All four residents felt that staff had the time to stop and chat with them saying, “Yes, they find the time. We do a lot of chatting in the activities time. We have a joke and they pull your leg”, and that staff stop to chat with residents “all the time, they are super”.

Two family members we spoke with confirmed that they felt that staff have the time and skills to care for residents with one family member saying that before her mother came in the home she “wouldn’t get up but here she is very alert and gets dressed every day”. The family member said they “have seen a big change in her” since coming to the home.

On our visit we observed staff chatting and laughing with residents and staff members knew all resident’s names and used them often in conversation.

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

The manager told us that she “assesses individual needs prior to admission” and a resident’s life history is “in the care plan”. The manager said that “handovers include providing information on new residents and their needs”. The manager told us that “care plans are available to all staff” and that the manager “meets monthly with relatives to review and update resident’s individual needs and progress”.

The manager told us that any changes in a resident’s needs are “documented immediately”. Information is also communicated through “team meetings” and a “daily update with senior carers” as well as through “handover sheets on each shift” with “daily reports and night reports”.

Staff members told us that they get to know a resident through “talking to them (resident) or asking their family” as well as the “care plan” and the “pre assessment”. Staff members told us that as residents settle in they “get to know them and what they like and don’t like”.

All four residents felt that staff knew their likes and dislikes telling us, with one resident telling us “they really do, honestly, they even know what I have on my toast!” and “the manager always makes time for you”.

Both family members spoken with felt that the home noticed and responded when their relative’s needs changed with one family member saying, “only the day before they sent for the Dr as they noticed (resident) was off colour”.

On our visit we observed that staff members knew all resident’s names and that residents felt confident in speaking with staff members and asking for things such as a cup of tea. Staff members interacted often and communicated patiently with residents.

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

The manager told us that the home has a “head activity member of staff who co-ordinates activities for residents”. The manager said the home also has an “activity group run by relatives” which “meets every two weeks to plan activities” with the head of the group being a relative who is a retired nurse lecturer “who tailors activities so that they are dementia friendly”. The manager said that residents are involved in the meeting and that “daily activities are displayed on the board” and “take place at 11am” with the home having “board games” and “chicks from the Social Hen Project”. The Social Hen Project is an initiative to help tackle loneliness and depression in older people. The project involves care homes having chickens and residents taking part in the feeding and caring of the chickens, the aim being to help residents who are feeling isolated and lonely to gain a sense of purpose and improve their sense of wellbeing.

The manager said the home also has a “pet therapy dog” and are “planning for a day trip to Blackpool” but are “restricted by a lack of funds”.

Staff members said that activities for residents included “armchair exercises, scratch art, colouring, bingo, quizzes” and a twist on “basketball” which was “throwing the bean bag into the bucket”. All three staff members said that residents had the “option to go in the garden” where there was a “seating area” and that residents can also “go out with family members”. Staff members explained that residents are encouraged to join in and all residents are asked “individually if they would like to join in” with one staff member

saying they encourage residents to join in by making it a bit of a “challenge” for example saying “lets see if we can get six goals” in the bean bag game. All three staff members said that activities were tailored to individual residents with one staff member saying the home was “open to suggestions from residents” and had “ordered a whiteboard to play hangman” after a request. A second staff member told us that one resident asked to do a “quiz”, so they had a quiz a couple of days ago.

One resident told us that they “do all the activities” available in the home, which included “colouring in and singing”. A second resident said they take part in “bingo, quizzes, who wants to be a millionaire, singing records, dancing (and a) singer comes in”. A third resident said that there was “not very many” activities and it was “quite boring really”. Three residents said it was easy to join in with activities if they wanted to, telling us “I sit in the lounge area and join in. Staff ask me if I want to join in” and it is “very easy” to join in “they (staff) come to your room and get you, they ask but don’t make you. The staff join in too”. A third resident said it was easy to join in activities “when there is any”. Three residents told us that they are able to still do activities they did before they came in the home such as “crotchet”, “drawing” and “word games” but a fourth resident said “not really. I was a dart player”. All four residents said that there were no day trips outside “but (I) can go into the garden” and “I go out with my family”.

One family member told us that there was “not much activity” in the home and a second family member said there was “colouring books, bingo and quizzes”. Both family members said that their resident was encouraged to take part in activities but that “many residents just don’t want to, or those with dementia can’t”.

On our visit we observed activities taking place in the lounge area which was a hand eye co-ordination game of throwing and catching with bean bags with residents taking turns in the activity. We observed resident’s scratch artwork displayed in the dining room and saw an advertisement for the pet therapy dog that comes into the home. We also observed a picture display on the wall from Archmoor Summer Fair 2017 and today’s activity session was displayed on the activities board in the hallway. We also saw five chicks from The Social Hen Project who were currently housed in a cage indoors until they were ready to move into an outdoor chicken coop. Above the chick’s cage was information on the lifecycle of a chicken for the resident’s information.

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

The manager told us that “residents are asked their choice from two options” and residents have a “preference file for foods” and “the chef has a care background”. The manager confirmed that residents can access snacks between meals and said the home has a “hydration station” for drinks. The manager said that they had recently had “D Day themed food” and “Fish Fridays” with an “on the beach theme” planned for the upcoming Care Home Open Day. The manager said that residents can “eat in their own room” if they wish but “generally eat in the dining room”.

Staff members told us that residents get “two choices at dinner time and teatime” but if they don’t want that they are asked “what they would like”. One staff member told us that breakfast is at 8am - 10am, lunch at 12.30pm, dinner at 4.30pm and supper at 7.00pm. The staff member also told us that breakfast is “flexible if someone wants to get up later” and that a “brew and a biscuit is served at 11am and 3pm and hot chocolate at 9pm for whoever is up”. Staff members also said that if residents want a snack outside of

mealtimes they just have to ask and that there is also a “hydration station” so that residents “can help themselves to a drink anytime”.

One resident we spoke with said they thought the food was “good” and they enjoyed mealtimes. A second resident told us it was “ok as long as I am given only basic choices” but “they always do what I ask, and I have no problem in asking for what I want” with “breakfast time being flexible as you are getting up” but “dinner and tea are set times”. A third resident said that they “personally want more things” and has “sometimes asked for egg on toast” and a fourth resident said the food was “okay”.

One family member we spoke with said there was “a good choice (of food) every day” with “two choices for dinner”. Both family members felt confident that their resident was encouraged and supported to eat and drink as much as needed with one family member saying they could stay and eat with their relative if they wanted to and a second family member saying “no we have to leave before dinner time”.

On the day of our visit lunch was a choice of cheese and onion or minced beef and onion pie followed by trifle. The menu was different from that on the menu displayed but the chef had called in sick in the morning and another chef had been brought in to cook. Lunch felt calm with some residents sitting in the dining room and others choosing to stay in the lounge which was all open plan so that staff were able to interact easily with all residents. Residents were observed talking to each other at mealtimes and were all given a drink with their meal. After lunch one resident was observed asking for another portion of trifle which they were given. A couple of residents got up late and dinner time was finished, they were served their dinner once they came into the dining room which allowed them the flexibility to get up when they wanted and not miss a meal. Staff were observed responding to requests for a cup of tea and there was a hydration station available at all time with juice and fresh fruit that residents could help themselves too.

Dining tables had napkins and flowers and staff were observed supporting residents who needed help with mealtimes but maintained just the right level of support to allow independence.

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

The manager told us that the home has “monthly” visits from an eye care provider and staff members are “dental champions” with “oral care documented daily”.

All three staff members told us that residents have access to eye care saying “eye care comes in as needed” but all three seemed less sure about dental access saying the home is “struggling to get a dentist to come in” but “a few residents go to see their own dentist” and another saying “dentist, I am not 100% sure about”.

One resident confirmed they had seen a dentist saying, “I have been taken to see the dentist, but no optician” and a second resident told us they had seen an optician but they “don’t know” about the dentist. A third resident said they could see a dentist or optician “only if you asked for one, through I haven’t seen any myself” and a fourth resident told us “no” dentist but that they are “going to see my optician today in Middleton”.



When asked if a dentist or optometrist comes to see your relative regularly both family members, we spoke with said the “optician comes in” but they were “not sure” about a dentist.

On our visit we observed that residents appeared well groomed and clean with neat, combed hair.

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

The manager told us that “a priest visits weekly for communion” and the “Methodist church visits regularly” and that should a resident have a specific personal, cultural or lifestyle need “resident requests are honoured”. The home also has a hairdresser that visits weekly. The manager said that “staff ensure residents have daily hygiene support” to wash/shower and “are encouraged” if they are reluctant to do so.

One staff member told us that a “priest used to come in” but there is “currently no one in the home” who wants this. Two other staff members told us that there is one resident who is a “Jehovah’s Witness” and that they “go out to church” and people “come in and read with her once a week”. All three staff members said that a hairdresser comes into the home “weekly”. One staff member also told us that one resident likes to keep her clothes in a “cupboard and asked for her drawers to be moved” and so the drawers were changed.

One resident told us that they “have seen a priest come in” and “if I asked, they would get me a vicar”. A second resident said they had “no religion” and a third resident said, “no services”. All four residents confirmed they can wear their own clothes, but one resident told us “my daughter does my clothes, otherwise they get lost in the laundry”. One resident told us that the “hairdresser comes once a week and the girls paint my nails” and a second resident said they get their “nails done every week” but the “hairdresser is not here for a few weeks”.

Both family members we spoke with felt that their resident did not have any specific lifestyle, religious or cultural needs that needed to be accommodated with one family member saying their resident “doesn’t bother with church”. Both family members confirmed that there was access to a hairdresser and that their resident is always clean and appropriately dressed.

On our visit one resident had a visit from her husband and her Yorkshire Terrier, which we were told comes to visit most days. Residents were observed interacting with the dog, calling his name and laughing as he ran around the lounge with staff also joining in and laughing which made the atmosphere feel very homily and close knit.

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

The manager told us that opportunities to provide feedback are provided through “feedback forms, a suggestions box” and the “friends and family group offer ideas”. The manager said that feedback is “discussed at team meetings” and they use “feedback forms as a quality assurance tool”. The manager gave an example of feedback being implemented, telling us that a “relative suggested bluebells in the garden so they were implemented”. The manager said that staff are also given “feedback forms” and that the manager has an “open door policy” and “speaks daily to the staff” giving them the opportunity to discuss issues or concerns.

Staff members told us that residents can have a say in how the home is run by “speaking to the manger or staff” and at “resident’s family and friend’s meetings”. All three staff members said that they can provide feedback by “speaking to the manager” or through a staff “survey”.

Three residents told us that if they wanted to make a complaint they felt confident to do so saying “If I wanted to make one I would tell my daughter and talk to Lynne (manager) or a senior staff”. All four residents confirmed they were happy in the home but when asked if they would like to change anything about the home, two residents told us they would like to see “more activities” and a third said “nothing at all”.

Both family members told us that they felt like a welcome participant in the home saying that staff are “very approachable” and both family members felt confident if they needed to make a complaint that it would be acted on.

On the visit we observed that family members were made to feel welcome in the home and we saw one family member given a cup of tea on arrival.

### **9. Provide a physical environment which is suitable for the needs of the residents.**

The manager told us that she “audits the building” and “staff report any issues” and that the “owners are responsive to improvements/repairs”. The manager said the house is kept clean through the use of a “housekeeper” and a “cleaning rota”. The manager said that the home is made dementia friendly through the “use of colour” and having “light walls with dark handrails”. The manager said that residents have their photo on their bedroom door and that the environment is made “stimulating but not too busy”. The manager said the home uses a “reminiscence box from Touchstones” and “reminiscence pictures” and plays “old time music”. The home also has “coloured crockery”.

Staff members were unsure how the home is made dementia friendly and had to be prompted but once prompted answered that there are “handrails everywhere” and “signage on toilets and bathrooms” as well as “plastic cutlery” and “tippy cups”. One staff member said the home is dementia friendly by providing “reassurance” to residents and “letting them know that this is their home”.

All four residents felt that the home was clean and tidy telling us the home is “very clean always” and “the floor is spotless”. One resident told us that the temperature of the home was “always nice and warm, it is about right” and staff “open the window for us when it is stuffy”, a second resident said, “it gets too hot in this room”.

One family member we spoke with said they felt the home can “sometimes get a bit too hot” but a second family member felt the home was at a comfortable temperature. Both family members felt that the home was always clean and tidy saying the home was “very spotless”.

On our visit we observed that the home had dementia friendly signage and photos of the occupying resident were displayed on the bedroom door. The home was bright and airy and well decorated with the conservatory providing an area for smaller groups to sit together or sit alone if you didn’t want to sit in the lounge. The home had a well-maintained garden with a seating area, and we saw a resident sat in the garden whilst on our visit. There were some helium balloons in the garden from Father’s Day which was

four days prior to our visit. On our visit the cleaner was observed mopping and wiping down and cleaning the home.

## Recommendations

The findings in this report are based on nine care quality indicators and the Enter and View visit identified the following areas of improvement.

Following this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced that staff members would like to study their NVQ Level 2 to further their skills and knowledge of caring for residents. Therefore, in accordance with indicator 2 ‘Have staff with the time and skills to do their job’ we recommend:</p> <p>“Giving staff members the opportunity to study for their NVQ Level 2”.</p>
2	<p>Our findings evidenced that there were some activities available in the home but that they could be expanded and more tailored to individual preferences. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <ul style="list-style-type: none"> <li>A) “Having a dedicated member of staff in the role of activities co-ordinator to plan and implement activities”</li> <li>B) “Asking residents what activities they would like to do in the home and use their likes, dislikes, personality and life history to develop activities and an activities programme”.</li> <li>C) “Develop reminiscence activities to stimulate memories for dementia patients” Look at <a href="https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/reminiscence.asp">https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/reminiscence.asp</a> for more information</li> <li>D) “Look at <a href="https://www.goldencarers.com/">https://www.goldencarers.com/</a> for additional ideas of activities that you can carry out with residents in the home”.</li> </ul>
3	<p>Our findings saw no evidence of how feedback is used to make improvements. 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>

It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to contact Healthwatch Rochdale direct if they wish to contribute any additional comments about the home or to this report.

## **Response from Provider**

**“Giving staff members the opportunity to study for their NVQ Level 2”.**

Staff are signed up and in the process of training for NVQ’s with Rochdale training please refer to quote from staff member on page 5 ...

A second staff member said they had completed a “dementia course” and that the manager had asked them if they wanted to begin their “NVQ”.

**“Develop reminiscence activities to stimulate memories for dementia patients”**

We are involved with touchstones Rochdale who provide reminiscence boxes and equipment for residents.

Although a wonderful activity for the residents, please note we have to be sensitive with this as when playing a WWII DVD some of our residents became quite distressed.

**“Having a ‘you said we did’ board for both residents and staff feedback to demonstrate how giving feedback can make a positive difference”.**

Taken on board and actioned, we now have a “you said we did” display in the foyer area.

# Contact us



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