



Half Acre House Enter and View Report

January 2019

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/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Half Acre House 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, Half Acre House Care Home was rated as good by the CQC. To read the latest inspection report from the CQC please visit <https://www.cqc.org.uk/location/1-137885637>

Visit Background & Purpose

Background

Healthwatch Rochdale visited Half Acre House Care Home on Thursday 17th January 2019 at 2.00pm - 4.15pm 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, Half Acre House management and staff were expecting us. Enter and View representatives on this visit were:

- Alex Leach
- Claire Birch
- Emma Radcliffe
- Karen Kelland

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
- Three staff members
- Two residents
- One family member

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 began her career in a care home” and felt it was “a natural progression to become a manager”. The manager told us that she enjoys “being able to make decisions that keep residents safe” and the ability “to positively impact the quality of life of residents” and “make improvements”.

All three staff members we spoke with told us that they felt that they received support from the manager with one staff member saying they “receive training and guidance” and the manager is easy to approach as she has an “open door policy”. One staff member also told us that the current manager is going to be leaving shortly after only being in post for eighteen months and having another new manager in a short space of time may be disruptive to staff and residents.

One resident told us that they knew who the manager was “to look at but didn’t know her name”. A second resident told us “Anita owns it. I know her”. When asked what they thought of the manager one resident replied, “very nice” and a second replied “she rules the staff the owner”.

One family member we spoke with said they knew who the manager of the home was and that she was friendly and helpful.

On our visit the owner was also present at the home and we observed her engaging residents in conversation and having one to one time with different residents. The manager informed us that there is maintenance work scheduled for their lift, so they have installed a temporary stair lift. The manager explained that all staff have been trained to use the stair lift and she had asked each staff member to use the stair lift so that they could understand it from a resident’s perspective if they get frightened. The manager also informed us that she has completed a thorough fire escape plan that has been shared with Heywood, Middleton and Rochdale Clinical Commissioning Group, The Care Quality Commission and the local Fire Service.

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

The manager told us that staff receive “mandatory training delivered by Care Skills Academy” and the home also has their “own list of basic quality standards” with a “training matrix” that “sets out annual training”. The manager explained that “senior staff required a skills update” and so an “objectives-based training programme” was established.

All three staff members we spoke with said they are encouraged to develop their skills through “continuous training” and “internal development”.

Both residents we spoke with said they knew the staff in the home, with one resident saying staff were “very good and work hard” and a second resident saying staff were “pleasant”. When asked if staff had time to stop and chat with them the first resident replied, “yes sometimes” and the second resident said, “not for long they’re always working hard and don’t have the time”.

One family member we spoke with told us that they felt that staff have the time and skills to care for residents, saying “we are all really happy”.

On our visit we observed staff chatting with residents and giving them tea/coffee. One of the residents was handing round a plate of biscuits, the owner told us that residents take turns doing things like this and are encouraged to be involved in everyday tasks. Staff all wore name badges and there was a staff notice board with staff pictures.

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

The manager told us that residents have an “initial assessment before admission” which “identifies practical needs” and on admission a “life history and personalisation chart to promote individualised care”. The manager said that care plans were “updated monthly” with “family contacted to be involved”. The manager also mentioned that they do not currently have “software for patient care plans”.

Staff members told us that they get to know individual residents when they first arrive in the home through a “prior assessment”, “the care plan” and a “conversation with the resident and family which will be documented in the initial assessment”. Staff members also told us that information on a resident’s tastes, health and care needs are updated “through continuous assessment and discussion” and by updating the care plan that is then “shared with staff”.

Two staff members told us that they felt they had enough time to care for residents, saying “100% I feel I have enough time to care for residents”. However, a third staff member felt that they only had enough time “sometimes”.

Both residents said that they felt like staff knew their likes and dislikes, with one resident telling us “they know I only eat sausage” and a second resident saying “I would tell them if they didn’t know what I liked”.

One family member we spoke with said “staff ring if anything significant happens”. They felt staff knew their resident and said that “when (resident) first came staff asked me all sorts and about his hobbies”.

On the visit we observed that some resident's bedroom doors had their names on, but others did not. When asked why this was the manager informed us that they put a resident's picture on the door if the resident wants it and leaves it off if they do not as they try to make care as individualised as possible. We also observed that the dining room and toilet had dementia friendly signage.

4. Offer a varied programme of activities

The manager told us that residents were able to take part in outdoor activities such as going on "planned outings, swimming, going to the pub and potting plants" and the home also had a "summer house". Indoor activities included "table top games, baking and quizzes". The manager explained that activities are "individualised and based on "resident's likes" with "staff made available and time allocated for activities".

Staff members told us that activities for the residents included "baking, bulb planting, arm chair exercises, pottery, crafts, table tennis, quizzes" and through an "external organisation that comes into the home to carry out activities". Staff members confirmed that activities are tailored to resident's preferences and said residents are "given encouragement" to join in group activities but "are not forced". One staff member also informed us that resident's have "one to one activities which include hair and nails".

One resident told us that activities they could do at the home included "writing, listening to music, drawing, watching movies, people singing and children singing" and a second resident told us there was "all kinds of activities in the home if you want to do them". Both residents said it was easy to join in the activities saying, "I just ask, or they ask me" and "I just need to ask if it is something that I want to do".

One family member told us that there are lots of activities within the home and they were "always doing things" including "singing, entertainers, bingo, quizzes and movies". They told that "there has been day trips" and "all relatives are invited to Christmas lunch".

On our visit we observed a large stand up notice board that contained lots of pictures of residents undertaking activities including a Christmas party, Christmas pantomime, arts and crafts sessions, visits from a local nurse, mayors afternoon tea, firework event with children and bulb planting. The owner of the home leads on the activities in the home and told us that when residents come into the home, she creates a personalisation sheet for activities and categorises the activities according to residents likes. There is also a weekly activities programme on the notice board for staff to follow including sewing, film club, one to one sessions, music and movement. The owner also told us that residents are encouraged to join in with everyday tasks that they would previously have undertaken before coming to live in the home, for example one resident sits in the lounge and peels the potatoes and carrots on her knee and another writes the day's menu on the dining room menu board. In the dining room we also observed a wishing washing line where residents can add sticky notes of activities that they would like to do.

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

The manager told us that she has "changed approach so that resident's individual likes are honoured" including "flexible meal times and personal preferences". The manager said that the home "runs a 24-hour kitchen" and the "cupboard is accessible at all times". Residents have the choice to eat "in their bedrooms or in the dining area". The manager

told us that the home also has “themed evenings” and they currently have a “Masquerade Ball Evening” planned which is a “ticket only” event.

Staff members told us that residents have “2 options per meal” with one staff member telling us that some meals are “home cooked and some freezer” as there is no “chef in the evenings” and a second staff member stated there is a “set menu” with a “choice and variety of freshly cooked food”. Staff members told us that mealtimes are made sociable through “setting up the dining room at each meal” and “making it like a restaurant”.

Residents told us that the food was “alright” and “I am the worst eater in the country, I eat what I can”. One resident told us that they “get a choice and go into the dining room to have (their) meals” but that they don’t enjoy mealtimes as they are a “very unsociable person” and “sometimes when they have soup and sandwich, I don’t eat it”. A second resident told us “you get a menu so you can choose, meal times are set”.

One family member told us their “resident likes Chinese and they occasionally get him a takeaway”. The family member felt that mealtimes were sociable saying their resident “does come down to the dining room but some days wants to stay in their room” and that they “have been asked to stay and eat with (resident)”.

On the visit we observed a large notice board with the day’s menu in the dining room, wrote by a resident and dining tables had flowers, a tablecloth and condiments.

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

The manager told us that “all staff have had Oral Care Training and are now Oral Champions”. The manager said that an “external optometrist” visits the home “annually”.

Staff members told us that residents have access to a dentist with one staff member saying that “a lot of dentists come into the home” and second staff member saying “some (residents) go out to the dentist which will be within the borough”. All three staff members told us that residents have regular access to a hairdresser or barber with a hairdresser coming in “every Tuesday” but “some residents have their own barber who they are used to”.

One resident we spoke with said they haven’t seen a dentist or optician recently and a second resident said, “I have seen a dentist”.

When asked if a dentist or optometrist comes to see your relative regularly, one family member replied “not that I know of” but “staff would get a dentist out to him” if needed.

On our visit we observed that residents appeared well groomed and clean with neat, combed hair. We also observed that there was a visit from a local hairdresser scheduled in the weekly activities plan and there was also a hairdressing price list on a second notice board. We observed hand sanitiser gel on entry to the home to help prevent and control infection, however we did not observe hand sanitiser anywhere else within the home.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that the home has “church visits to carry out Sunday Service for residents who request this” and that the home had a “Siberian resident” so they used “google translate to communicate, used picture cards and created a birthday card in her language”.

Two staff members told us that the home has “holy communion each week”.

When asked if there was respect for your religion or culture in the home, one resident replied, “I think so, but I am not religious” and a second said “I was brought up in Church but no longer believe”.

One family member felt that their resident’s personal, cultural and lifestyle needs were respected and accommodated saying “we are happy with them (staff) and if they were asked, they would sort it out for him”.

On our visit we observed canvas pictures made from resident’s art work and potted plants in the conservatory that we were told residents had planted themselves.

On arrival to the home there was very limited car parking space available for friends and family who wanted to come and visit. All car parking spaces had been taken when we arrived and there was no parking available on the main road. When being shown around the home we were shown a bathroom that has recently been refurbished and were told by the manager that the other two bathrooms in the home are also going to be refurbished. Whilst visiting the home we observed that all residents remained in the main lounge which was of a warm temperature, however other parts of the home such as the conservatory felt much cooler and may be the reason why residents were choosing to remain in the lounge.

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

The manager told us that staff are encouraged to have a say in how the home is run by having an “open door policy”, conducting an “annual survey” and as the home is a “small home staff work closely together”. The manager informed us that the home has a “resident and relative’s meeting to discuss concerns” and stated that the home “needs a suggestion box”.

Staff members told us that residents can have a say in how the home is run through the “resident’s and relative’s meeting”, “speaking to the manager” and a third staff member said the “family can always say how they feel to staff”.

One resident told us that if they wanted to make a complaint, they “would go into the office and tell the manager” and a second resident was unsure as to what to do if they wanted to make a complaint. When asked if there was anything about the home they would like to change, the first resident said “no, I am happy as it is” and the second resident answered, “I am happy and don’t want to change anything”.

One family member told us that they felt like a welcome participant in the home and “have no issues at all” but “feel confident” that any complaint they had would be acted on appropriately.

On the visit we observed a notice board including a newsletter to update residents on what is going on in the home and the latest safeguarding newsletter from Rochdale

Borough Safeguarding Adults Board. We did not observe any mechanisms for leaving feedback such as a suggestions box or any evidence of how feedback is used to make improvements.

Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Half Acre 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 that the home does not currently have any software for patient’s care plans. In line with best practice from other care homes and recommendations from local authority quality assurance and in accordance with indicator 3 ‘Have good knowledge of each individual resident and how their needs may be changing’ we recommend:</p> <p>“Researching and acquiring more information on electronic care plans and consider switching from paper based to electronic care planning”.</p>
2	<p>Our findings evidenced a good variety of individualised activities. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <p>“Sharing good practice regarding activities with other homes including ideas for implementing individualised activities”</p>
3	<p>Our findings evidenced a lack of car parking facilities for visitors to the home. Therefore, in accordance with indicator 7 ‘Accommodate residents personal, cultural and lifestyle needs’ we recommend:</p> <p>“Extend the car parking space or have an allocated car park for resident’s friends and families to come and visit”</p>
4	<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>

5	<p>Our findings saw some evidence of feedback mechanisms for residents and their friends and family but to improve this system and in accordance with indicator 8 ‘Be an open environment where feedback is actively sought and used’ we recommend:</p> <p>“Having a suggestions box so that people can make suggestions for improvement anonymously”.</p>
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Response from Provider

Response from Half Acre House following the enter and view visit.

- We discuss at the visit, that electronic care plans were scheduled for later this year, but because electronic medication procedures are due to start in the coming months, we do not want our staff inundated with major operational changes all at once. In addition to this we had applied to Rochdale Borough Council, under a scheme for “electronic improvements” and were hopeful that we may have been granted funding. After a long delay in decisions, it was not possible to acquire funding which has further delayed our plans.
- We appreciate that the report acknowledges we had a good variety of individualised and varied activities. The recommendation of “sharing good practice with other homes, including individualised activities” is already happening. We have been selected as a Teaching Care Home and have submitted a specific document on this very element you refer to, which will be shared with Homes in Greater Manchester as best practice. We would welcome any further ideas for links across the borough. We are looking to introduce electronic tablets and subsequent IT training very shortly, this will give us the opportunity to share our innovative and stimulating activities with other Care Homes moving forward.
- “Accommodate residents personal, cultural and lifestyle needs” Your observations indicated a lack of care parking facilities. Your recommendation is to extend the car parking space or have allocated car parking for resident’s friends and families to come and visit.
We appreciate your feedback regarding the parking spaces, however do get frequent positive feedback from residents, relatives and visitors about how picturesque the land around their loved one’s home is. Parking can occasionally be an issue, particularly when planning large events, however this is always immediately resolved. However, we have taken on your advice and are in the process of implementing an area for staff to park. During the visit you observed our display boards and newsletters which indicates we at Half Acre continue to accommodate the residents personal, cultural and lifestyle needs, regardless of any challenges that may arise.

- The feedback is sought by all at Half Acre and collated by Mrs Lewis who is fully responsible for Monthly planning sheets which are adjusted to suit new ideas. Personalisation plans are used as a useful tool, but to support this we also have a one to one book, where residents together with staff are encouraged to view new ideas, options and complete a request form to take part in something new or ask for a new activity to be set up.
We have regular residents and family's meetings. Annual questionnaires are distributed and analysed, which generates an action plan. The Management Team then action this, which is audited by Mrs Lewis to see that agreed changes have taken place.
Our Cooks gain feedback from residents about their meals and we as a team analyse this and change menus accordingly.
However, your suggestion of a "They said, we did" board is something that will be implemented, as we feel would be beneficial.
The idea of a suggestion box is being considered

Other points

- The new manager is now in place and it has been a smooth transition. This is because Half Acre was already mindful of any difficulties that could arise. From the suitable candidates interviewed, our own Deputy Manager was the best person for the job and has reassured all staff of continuity.
- The staff members input which stated they only "sometimes" have enough time to care surprises us. We have recently reviewed staffing levels depending on the level and change in needs of our residents, during shift patterns, the staffing level was increased so that our staff could give the time required to deliver the highest standard of care, the review of this is ongoing.
- It is important to one of our residents that she continues to eat her favourite food which is sausages, however we do encourage her to eat a healthy balanced diet which does include her preference/choice.

Contact us



Healthwatch Rochdale
Unique Enterprise Centre, Belfield Road
Rochdale
OL16 2UP
Tel 01706 249 575
info@healthwatchrochdale.org.uk
www.healthwatchrochdale.co.uk



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