

**Details of visit**

**Service address:**

**Meadowbank House  
Green Lane, Great Lever, Bolton BL2 3EF**

**Service Provider:**

**HC-One Ltd**

**Date and Time:**

**24<sup>th</sup> March 2015 @ 5 pm**

**Authorised**

**Eileen Bennett & Jim Fawcett (supported by**

**Representatives:**

**Karen Wilson)**

**Contact details:**

**Healthwatch Bolton, St. Georges House, 2 St. Georges  
Road, Bolton BL1 2DD**

**Acknowledgements**

Healthwatch Bolton would like to thank the Service Provider, residents and staff for their contribution to the Enter and View programme.

**Disclaimer**

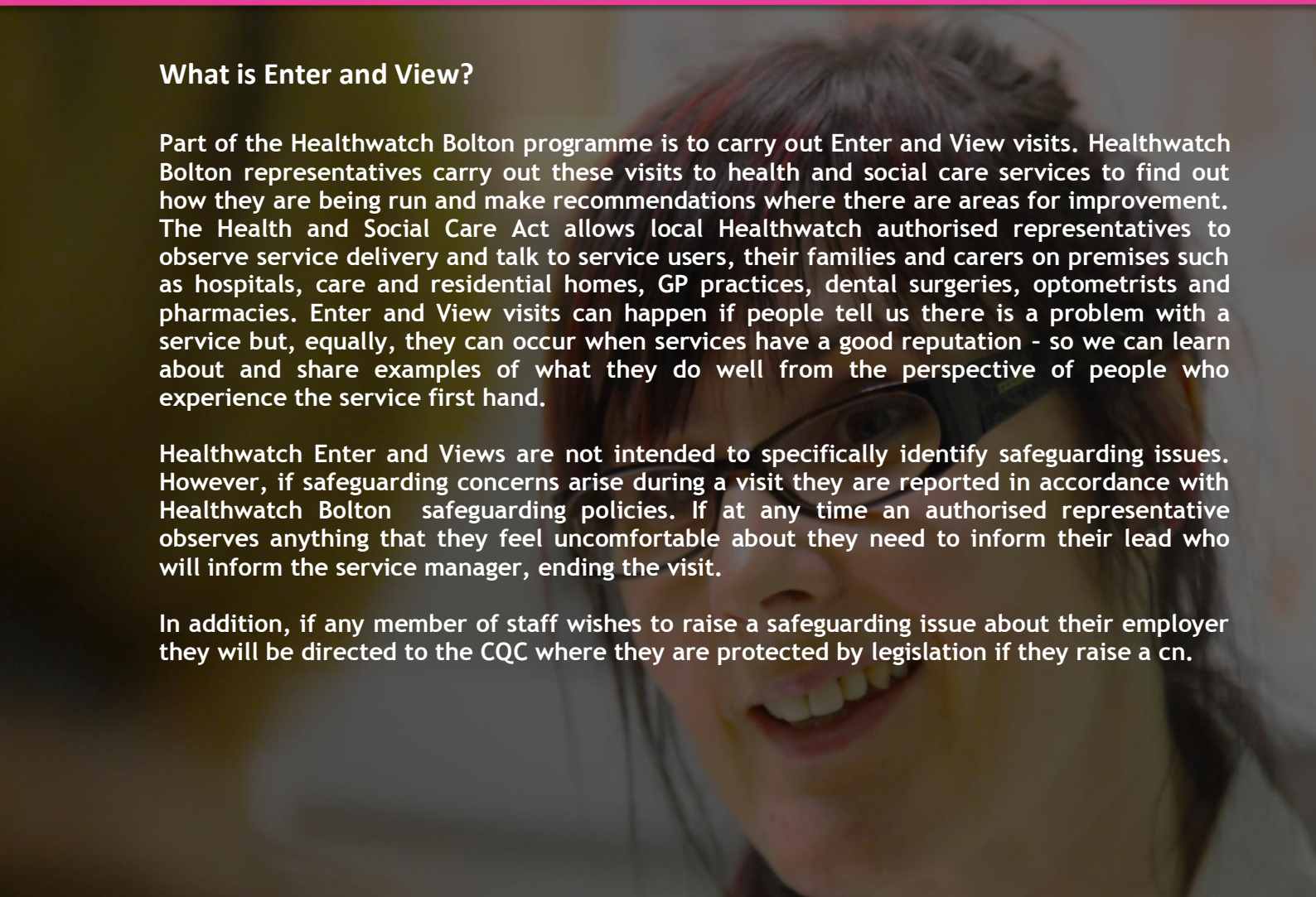
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the Healthwatch Bolton programme is to carry out Enter and View visits. Healthwatch Bolton representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care and residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch Bolton safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a cn.



## Purpose of the visit

- To engage with residents of care homes and understand how dignity and choice is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.
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## Strategic drivers

- CQC dignity and wellbeing strategy
- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care

## Methodology

**This was an announced Enter and View visit.**

We spoke to the Manager before we spoke to anyone in the care home and took her advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Following a discussion with the Manager, Authorised representatives conducted short interviews with 4 members of staff at the care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes, activities and staff training were explored.

Authorised Representatives observed that at the time of the visit all, except 4, residents were in bed or watching television in their bedrooms. However, two residents at the care home invited one of the Authorised Representatives in to speak about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home were also explored, to help with our wider engagement work. A family member was also spoken to as they were with a relative at the time. The Authorised Representatives explained to everyone they spoke to why they were there and took minimal notes.

A large proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

When they had finished speaking to staff and residents they left them with an information leaflet and explained that a draft report would be sent to the home to check factual accuracy and to allow the home to comment on any findings or recommendations.



## Summary of findings

Meadowbank House is a 45 bed home which at the time of our visit had 6 empty beds whilst some decorating work is carried out. All rooms are single rooms with en-suite facility. The bedrooms are housed on the ground and first floor and there are 2 nurses and 3/4 carers working on each floor. Each floor houses a dining room and mealtimes are set and protected.

At the time of our visit all clients were in bed or in their bedrooms.

At the time of our visit :

- Residents looked tidy and clean, but we did have a concern which was reported to the Manager about an issue raised by a resident around his personal care.
- We saw no evidence of staff interacting with patients positively and regularly or just checking they were okay if they had been sat for a while.
- Residents are allocated a key worker to look after their personal care and deal with their concerns
- Residents told us that they were very happy with the food.
- We were informed about a variety of social activities, individually tailored to suit each resident, however, residents we spoke to said there was very often nothing to do but watch TV
- Staff told us that they received ongoing training in providing a service centred around dignity and respect
- Staff raised concerns about dental care.

Due to a comment made by a client about feeling lonely the Authorised Representatives felt a certain amount of disquiet for the emotional wellbeing of clients living at Meadowbank House.

## Results of Visit

### Environment

The home was clean and free from any unpleasant or artificial smell. There were lots of pictures mounted on the walls along the corridors including quotes and notices highlighting respect, dignity and privacy.

The home is arranged over 3 floors. The ground floor rooms are for clients receiving End of Life care, the first floor is for the remaining mix of nursing and residential care. There is a dining room on each floor. The 2<sup>nd</sup> floor houses the kitchen, staff room, treatment room, laundry and hairdressing salon

### Promotion of Privacy, Dignity and Respect

The residents we saw appeared clean and tidy. The residents we spoke with weren't sure that the home caters for their personal care or their individual needs. They felt lonely and commented that there is no interaction between residents.

"Sometimes I think they have forgotten about me"

"Staff don't seem to have the time to sit and chat"

"The care is excellent but there is a problem understanding some staff due to language differences"



We were informed that each resident has a key worker assigned to them who manages a resident's personal care.

Staff told us that they use family information, talking to families and through daily contact at medication and mealtimes, to get to know a client's individual needs and to build relationships. A member of staff raised a concern about staffing levels and all staff felt that they could offer better care if there were more staff.

"It's good working here except when a shortage of staff occurs"

All bedroom doors have the name of the client and their nurse and key worker along with photographs.

One client raised a concern about an incident occurring with a member of staff not respecting his and dignity, with an Authorised Representative who did report the matter to the Home Manager who said she would investigate the complaint.

### **Promotion of Independence**

The Manager informed us that all clients' independence is respected and discussed with a client and their family as part of the care plan. Care plans are discussed and reviewed every 3 to 6 month with families and clients are involved in their own care with support and supervision appropriate to that client and their wishes.

The Manager informed us that feedback from clients and families is regularly collected.

A relative we spoke during our visit informed us that as the primary contact for her relative, who has been living at the home for 4/5 years she has never seen the care plan and had not been involved in any reviews. However, she did say that she is informed of any changes or issues regarding her relative.

There were pictorial signs displayed around the home indicating individual bedrooms, dining room, bathroom, etc.

### **Interaction between Residents and Staff**

The residents we spoke with felt that the care is excellent but that there is a problem with understanding some staff due to language/accents differences.

We were informed that staff from the ground floor have moved to the first floor so there is no time to get to know the new staff and communication is difficult. Authorised Representatives interviewed 4 members of staff, 3 of whom were relatively newly employed.

### **Residents**

The Authorised Representative spoke with 2 residents individually who have lived at the home for 4 and 5 years.

The majority of clients were in their rooms, although one Authorised Representative spoke to a client in an electric wheelchair who was in a lounge where 3 other clients' were sitting but there was no interaction between the group. Another resident invited an Authorised Representative to her room which was very personal and decorated with the client's own photographs and ornaments.

"I need to be in bed by 7pm or I get nervous"

This client explained that he likes routine but is concerned that staff do not always have time to meet his needs.

### **Food**

The daily lunch and tea menu was displayed on a poster on a noticeboard outside the Manager's office and the mealtimes were listed on a noticeboard in reception. We were informed that if a resident does not like or want the set meal they can request an alternative. The Manager stated that some residents prefer to eat in their own rooms rather than the dining room and this is accommodated.

We were informed that the chef works with clients and families on preferences as part of their work plan.

The drinks trolley also does its round regularly but drinks and snacks offered to suit each individual resident.

Residents commented that they were very happy with the food.

### **Recreational activities/Social Inclusion/Pastoral needs**

The Manager informed us that dedicated Activities Co-ordinator provides a variety of activities on offer individually tailored to each resident including games; indoor bowling; opportunities for ladies to attend the weekly visit by the hairdresser.

We were informed that the home owns a minibus and clients are taken for trips out to gardens centres, shops, day trips and pub lunches and that the home actively involves the community with fundraising events in the home.

One resident has a mobile phone to keep in contact with family and friends and the home provides the opportunity to skype, although at the moment no-one uses this facility.

The residents and family member we spoke with informed us that the Activity Co-ordinator has left and there is not always anything to do except watch television.

### **Involvement in Key Decisions**

The Manager informed us that there is a family/client meeting monthly where guest speakers are invited and a committee meets monthly.

We were informed that families are involved in setting care plans and reviewing them every 3-6 months. However a relative informed us that she has not seen her relative's care plan and in 5 years has not been involved in a review, although she did state that she does feel that she is kept informed about her relative's care.

### **Concerns/Complaint Procedure**

The home confirmed that they have a complaints procedure which they have used and followed.

The Manager informed us that the Quality Manager from HC-One Ltd visits the home monthly and compiles a report and develops an action plan as required.

## **Staff**

All the staff we saw were smartly dressed in an identifiable uniform.

We were informed that care staff are required to complete NVQ level 2 or 3 and new staff are supported by more experienced staff during their 6 month probation period. There is greater turnover of qualified nurses so the home uses bank staff but never agency staff.

We spoke to 4 staff members who had been in post between 1 day and 13 years who comments that they are offered opportunities for further training but that they are sometimes unhappy with their work load and felt that they could offer better care if there were more staff.

**“We offer good care for clients but more staff are needed”**

## **Visitor and Relatives**

We spoke with one visitor present during our visit. The client has been a resident for around 5 years and felt that the care offered was very good with good attention to personal care. She reported that although she has not seen or been involved in the care plan and does not feel encouraged to get involved in planning, she is kept informed of her relative’s care and feels that her relative is looked after well but would like staff to given more time to sit and chat and for there to be more consistency to allow staff to get to know the person well.

## **Additional findings**

Staff are happy with the GPs who visits the home regularly but is always available if their patient is poorly or staff have a concern.

Regular visits are made by the podiatrist, optician, district nurses, social workers, Macmillan nurses and tissue viability team as required but staff raised concerns about dental services. None of the residents receive dental check-ups as they cannot get a dentist to come out to the home.

A recent NICE publication talks about helping people to retain their independence and identity and by supporting care home residents to go at their own pace and participate in activities they enjoy is part of helping them retain this and respecting their right to make their own decisions (unless they lack capacity) is also a part of this process.

From our observations during our visit to Meadowbank House, although on paper the home seems to be keen to follow this ethos, practically there is no evidence that this is being followed.

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## **Recommendations**

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided. However, following comments from residents we spoke to, and a visiting relative :

- We would recommend that opportunities for building relationships between staff and residents be offered, to foster an understanding of the culture of the residents.



- We are concerned that of the 4 staff interviewed, 3 had relatively little experience at the home. We would recommend consideration be given to a more appropriate mix of staff to balance familiar and unfamiliar faces.
  - We would recommend that Meadowbank House explore the points raised by the residents about the feelings of loneliness.
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### **Service Provider response**

**NO COMMENT RECEIVED**