



Details of visit
Service address:

Review of Care Home provision in Trafford
Handsworth Residential Care Home
West Rd, Bowdon, Altrincham WA14 2LA

Service Provider:

MHA (Methodist Homes)

Date and Time:

Tuesday 26 July 2016 - 10:00 am - 1:00pm

Authorised

Marilyn Murray and Patricia Lees

Representatives:

Contact details:

Healthwatch Trafford, Sale Point, Sale, Trafford
M33 6AG

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Handsworth Residential Care Home for their contribution to the Enter & 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 service users, only an account of what was observed and contributed at the time

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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, 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 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 Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.



Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing & identifying best practice in the provision of Care homes ‘for vulnerable older people requiring social care or nursing care’
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy

[\[http://www.cqc.org.uk/content/regulation-10-dignity-and-respect\]](http://www.cqc.org.uk/content/regulation-10-dignity-and-respect)

Methodology

This was an announced Enter and View visit

Contact was made with the manager of Handsworth Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

Some predetermined questions were available to the enter and view team carrying out the visit and these can be found on Appendix 1. It was agreed with the manager that the visit would last approximately two to three hours.

We were guided by staff on the residents we could approach to answer our questions. We had the discussions with the following:

- Nine residents and the manager of the home

We observed the communal areas of the home and the interaction between staff and residents. Permission to speak to residents was received from residents prior to any conversation taking place.





Care, Dignity and Respect

The CQC 'dignity and wellbeing' strategy states that:

'People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people's dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community'. (<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>)

Summary of Findings

Handsworth Residential Care Home opened in October 1971 and is a purpose built Care Home, it is a four-storey building that accommodates up to 43 residents and is situated in a residential area of Bowdon close to Altrincham. The home has 43 single bedrooms all with their own toilet facilities. There is parking for several cars at the front of the building and an accessible garden to the rear of the property.

The residents are senior (mostly over 65 years), the majority requiring support to manage their care needs. The manager of the home has 35 years' experience of the social care environment and has managed Handsworth for 10 years; the home has staff on-site 24 hours a day to provide care and support. We were informed by the manager that doctors and other outside services make regular visits to the home and that currently there are nine different local GPs visiting residents. All the residents we spoke to said they have no problem in getting to see a doctor and that this was organised by the home or by family members. During the enter and view visit we spoke to residents whose ages range between 88 and 102 years old, the length of time that they had resided at the home was varied and wide ranging. It was not possible to interview some residents due to their mental capacity.

On the day of the visit Handsworth had a happy and relaxed atmosphere and this was reflected in the responses we received from residents who expressed that they felt safe and well looked after at the home. Overall the authorised representatives felt that the outcome of this enter and view was positive and that standards of care at Handsworth Residential Care Home are good.





The Enter and View representatives' observations concluded:

- That residents are willing to share their views.
- That residents appeared comfortable and happy with their surroundings.
- Staff were observed responding to residents needs in a friendly and considerate manner.
- To promote social inclusion, the home provides a communal lounge, dining room and a garden area. The home provides a variety of activities that residents can participate in.
- That there is a secure environment with qualified staff on-site 24 hours a day, seven days per week.
- That residents are able to see a doctor and other health professionals when required.

Whilst talking to residents we observed staff supporting people calmly and sensitively. On the day of the visit the manager of the home was supportive in supplying information including night time staff cover; we were informed that overnight staff carry out two hourly checks on all residents and if a resident is taken ill during the night and has to go to hospital there is a senior member of staff on call to cover.

Environment

On the day of the visit the Healthwatch Trafford enter and view representatives observed the following communal areas; lounge area, dining area, garden and main corridor of the home.

There is car parking available to the front of the home, the building is accessed by buzzer intercom at the main entrance, the building is wheelchair accessible. Management informed us that external doors are alarmed which activates the pagers that all care staff carry informing them that an external door is being accessed. There is staff identification board on display on entering the building showing the pictures and names of all Handsworth staff employed throughout the home. There is a resident memories book on visual display in communal corridor.

The home was warm, clean and bright; all the communal areas appeared tidy and welcoming and the home smelt fresh. In the large entrance hall there are an array of different height chairs providing seating for residents and visitors; residents





informed us they like this area as they could interact with people who were visiting the home. All doors and walkways were kept clear and free of clutter. The layout of the lounge enabled groups of people to sit together and talk, the dining room was spacious and tables were laid with cloths. We noted easy handle salt and pepper containers and the home provided special easy handle cutlery if required.

We saw evidence of hand washing facilities available, with liquid soaps in place and addition sanitising hand gel was provide in wall-mounted dispensers in the entrance hall and the areas of the home we viewed. Within the ground floor lavatory there was a paper towel dispenser with photographs illustrating how to wash and dry your hands correctly.

During the visit we observed residents who were unable to move unaided asking to be taken to the toilet and staff assisting residents with the use of a hoist. The hoist enabled staff to transfer a resident from their chair to a wheelchair to move them about the home. Two staff members are required to operate the hoist; on the day of the visit we witnessed several residents requiring the hoist to enable them to access the dining room for lunch. Although we observed a couple of residents' wince as they went through the motion of being manoeuvred, the staff operating the hoist did so in a controlled and supportive manner.

Residents and Families Views

Wellbeing and care

When asking how friendly and helpful the staff are we received a range of comments from residents such as:

“I have been here six years, staff are very helpful as I am unable to move and the hoist has to be used at all times to get me in and out of the chair to wheelchair”.

“I have lived here a while and I am very happy it’s smashing”.

“Staff seem to be very stretched, some carers are friendly”





One resident commented that staff were very friendly, however, she said she had noticed that staff don't talk to a resident who is difficult to communicate with. We learnt from the manager that feedback from residents who may find it difficult to communicate is via key workers who develop relationships with residents and feedback to senior staff with the residents' permission.

The manager explained that all residents have a six-month care plan review that relatives are invited to with the resident's permission; the first review is called after six weeks of admission to the home.

The home manager stated that if visitors and family have concerns the home's complaints procedure is on display and that all complaints recorded are answered in writing with 48 hours. Residents, relatives and staff are made aware of the home's complaints procedure when admitted to the home or as part of staff induction. The manager carries out daily walkabouts of the home and operates an open door policyⁱ The home also provides regular monthly resident meetings.

Safety

The authorised representatives were told that all external doors are alarmed which activates the pagers that all care staff carry informing them that an external door is being accessed. All escape routes are clearly sign posted and the manager stated that there is a monthly fire drill and an annual fire risk assessment carried out by an external contractor. She added that all staff receive annual fire awareness training and all residents are made aware of the fire procedures on admission to the home.

The enter and view team were told that night time staff check residents every two hours and that there is a nurse call system in all bedrooms to alert staff assistance and all residents have a continence support plan within their care plan.

Bedroom doors are open or closed depending on the choice of the residents. When we asked residents how safe they felt at the home the overall response was positive. Comments we received were:

"I feel very safe at night knowing the front door is locked at 9:30pm and the beauty of it is that I can go to my room and not worry"





“I am on the first floor and never lock the door, staff come in and check on me at night and this suits me”

The majority of residents said that they would not attempt to go out alone, others enjoy going into the garden as long as they are assisted. One resident who is able to go out into the garden unassisted stated:

“I go out into the garden which is a very safe environment due to it having only one exit, you can’t get lost”.

¹ *The Manager informed us that she operates an open door policy that enables all residents and members of staff to speak to her at any time regarding any matters that may arise or any matters they may wish to discuss.*

Time structure

Residents told us that there is plenty of food and that they received three meals a day; residents can choose whether to eat in their own rooms or the communal area. Lunch was at 12noon, drinks at 3.00pm, the main meal was at 5.00pm followed by supper i.e. toast and a drink at 8.00pm. The majority of the comments we received were positive such as:

“my breakfast is brought to me in my room it’s great, there is always a choice with meals and I am very happy and contented”.

Other comments we received from residents were:

“more staff is needed in the morning as it is hectic due to many of us requiring so much care”

“I am not very patient; I am put in the dining room too soon. At breakfast staff are very busy, not always possible to help those needing help with food”

“staff in a hurry in a morning, really busy, but would be good to get a smile”.





Care

When we asked what action is taken to reduce pressure ulcers we were informed by the Manager that skin integrity is monitored and any concerns are referred to District Nurse.

We were informed by management that all falls are monitored and the action taken to reduce risk. Every fall is post fall monitored and action taken to reduce risk; every fall has a falls risk assessment and if a resident has more than three falls there is a referral to the falls clinic via their own GP.

To reduce the risk of infection the manager specified that all staff have infection control training annually and that she (manager) carries out an infection control audit every quarter and Personal Protection Equipment (PPE) is provided for all staff. There is an advice notice asking you to use the hand gel that is available on entering and leaving the building.

One resident who has restricted mobility and requires the frequent use of the hoist informed us that she would like to go to bed at night to lie flat but cannot as it is too uncomfortable and that she sleeps in a reclining chair.

All residents wore a pendant buzzer around their necks that can be used to alert staff. We received one negative comment from a new resident who appeared quite mobile who found the pendant too bulky and she personally didn't feel it was necessary. Other residents we spoke to seemed happy with this arrangement, one resident stated:

"We all have pendants around our necks to alert staff if we require help. I am very comfortable with staff"

When we asked residents how their medication was distributed the majority of residents told us they receive it from staff and that it was well organised. We spoke to one resident who informed us that she self-medicates and takes her tablets at 9pm after her supper.

At the time of the visit we observed staff supplying drinks to people and placing them on side tables within easy reach; all residents we spoke to said they received plenty of drinks.





The overall response regarding care was positive with comments such as:

“I am very happy with care, safety, all aspects, no negative issues”.

“I am very happy that I came here to live”.

The manager informed us that she was having great difficulty trying to obtain a NHS dentist to come along to the home to carry out regular dental checks for the residents. She added oral hygiene in the elderly is so important and if a dentist/s were willing to come to the home this would be extremely good and a very welcomed health service arrangement.

Fundamentals

Residents told us that they shower once a week by arrangement with the staff, the rest of the week they have a strip wash. One resident commented that you cannot bathe when you want, it is staff that suggest once a week:

“My choice would be to bathe or shower more often but I understand it’s due to staff ratio that the once a week routine take place”.

When we asked residents if they felt they had enough privacy at the home all residents said yes.

All residents’ told us that they were happy with the laundering of their clothes stating their clothes were washed and returned to them following day. One resident commented:

“I change every day and we have a marvellous lady in the laundry who washes my clothes and they are returned to me the next day”.

There appears to be no restriction on time for visiting and visitors could stay for lunch as long as the home had prior warning. During the visit many of the residents we spoke to told us that they have come to live at the Handsworth to be closer to their families. The number of visitors’ people had varied, some residents had frequent visitors, some said they had no visitors.





Activities

On display in the communal corridor we observed a large activities information board showing the various activities that take place each day of the week; activities such as healthy hips and hearts chair exercises to board games and quizzes. Another information board outlining 'today's activities' is on view at the entrance to the communal lounge.

The home had recently recruited a new activity coordinator who we witnessed interacting with residents and encouraging them to participate in discussion on news items that were making the newspaper headlines.

Many of people we spoke to said they enjoy attending the church services that take place at the home on a Thursday evening and the prayer meetings on a Friday morning. One resident said she likes to read and she told us she gets taken to the library and she feels this keeps her brain active, some residents told us they like talk to others and to watch TV.

The majority of the residents at the time of our visit told us they were happy to join in anything and everything that is provided.

Recommendation:

The Healthwatch Trafford enter and view team has not put forward any recommendations following the visit of Handsworth Care Home. We did ask the manager to respond to a number of queries on issues raised within the report:

Q. Can residents who are mobile shower/bathe more than once a week on request? (re: comment on page 8). What alternative personal hygiene is in place for those who are less mobile?

Managers response:

All residents have a domiciliary assessment completed prior to admission.

It is discussed during this assessment which residents prefer-bath/shower.

All residents are involved in the setting up of all care plans-this includes a personal hygiene support plan. This is a time when residents choose bath/shower/how often etc.

This is personal choice-some residents choose a daily shower. Less mobile residents have the same choices as we have equipment in place.





Q. A comment raised (page 7) regarding ‘breakfast staff being very busy and staff not always possible to help those needing help with feeding’. How do you monitor this given the comment received?

Managers response:

All residents have a nutrition support plan within their care plan.

Handsworth only has one resident that needs assistance to eat.

It is planned that a carer is available to assist this lady at all meal times.

Breakfast is served from 7am to 10.30am and there is on average about 10 residents that choose to eat their breakfast in the dining room.

Most residents choose to have their breakfast in bed.

There are 2 staff assigned to the dining area.

Q. The managers request for NHS dentist to visit the home (page 8). Can you let me know what has already taken place to get a dentist to attend residents at the home?

Managers response:

Several local dentists have been contacted to try to arrange domiciliary visits to the home and the possibility of annual screening.

Dentists have stated that they do not offer the service of annual screening.

They have also stated that they no longer do domiciliary visits.

This does not mean that residents are deprived of a dentist.

They are escorted by care staff to the local dentist of their choice.

I raised this at the Healthwatch visit to see if annual screening is available in Trafford.

When I worked in Manchester-annual screening was available and the visiting dentist also delivered oral hygiene training to all staff.





In additional to the above responses the manager submitted the following additional comments:

Manager's Summary:

It should be noted that all residents care is discussed with the individual comments like 'we all have to wear a pendant' is untrue.

Residents are asked on admission if they would like a pendant-this is individual choice.

I would like to thank the two assessors that joined us at Handsworth for the day.

Thank you for your hard work and support





Appendix - 1

Predefined Questions Whilst on Visit

Wellbeing:

How would you describe your care home and the way you are looked after?

Safety:

How happy and safe do you feel?

Time structure:

How do you feel about your meals? Do you have medication and how is it distributed?

Care:

Do you feel the staff are caring toward you and treat you with dignity

Fundamentals:

For example, are you able to bathe when you want, can you have visitors when you want them?

Inclusion:

How do you spend your day and what activities can you access?

