

Enter & view Report:

healthwatch
Trafford

Manorhey Care Centre

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Urmston

Manchester

M41 9LT

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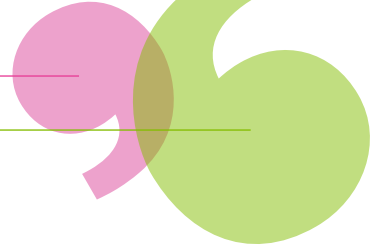
Owner: Maria Mallaband 16 Limited

Manager: Najma Parveen

Date of visit: 25th April 2018

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What is Enter & 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. The aim of the Healthwatch Enter and View visits is to give relatives and carers a perception of what daily life it is like for residents living at a care home and whether the home is somewhere they would place their family member.

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.



Acknowledgements

Healthwatch Trafford would like to thank the Manager, staff and residents of Manorhey Care Centre and the relatives of the residents 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 service users, only an account of what was observed and contributed at the time.



Executive Summary

Findings and Recommendations

Findings

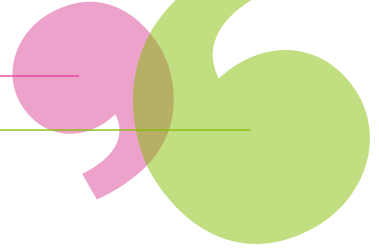
- Manorhey Care Centre provides care for up to 83 older people, many of the residents are living with varying degrees of dementia and many requiring nursing care.
- The home is purpose-built with accommodation provided over three floors. Access to the home is security coded, there is a doorbell for visitors to ring to gain entry to the building. The entrance of the home is warm, welcoming and very clean.
- The home has an enclosed, well-maintained garden for residents to enjoy.
- Residents we observed on the day appeared comfortable in their surroundings.
- Manorhey Care Centre management agreed to mail out 83 questionnaires to relatives of residents living at the home, 15 completed questionnaires were returned to us. 13 questionnaires informed us that they felt their relatives living at Manorhey were treated with kindness and compassion, one response stated they didn't know, another stated: "most of the time". See full results here: <https://healthwatchtrafford.co.uk/wp-content/uploads/2018/03/Manorhey-Care-Centre-10-5-18.pdf>
- The home displayed a plethora of activities for residents to do, including group activities and one-to-one activities. On the day and time of the visit we did not observe any organised activities taking place. We did see one resident knitting, some listening to music and reading newspapers, other residents were watching television in the communal lounge.
- The home provides Montessori lessons for residents that are living with cognitive and or physical impairments, please see link: <http://montessorifordementia.com.au/>
- On the day of the visit we observed staff attending and interacting with residents in a calm, caring and pleasant manner.
- Staff we spoke to told us that they were happy working at the home, felt supported by the Management and enjoyed caring for the residents.

Recommendations:

- **Consider improving communication between Management and relatives.**
Please refer to point 1 of relatives' response on page 13.
- **Consider improving timely response to relatives regarding issues/complaints**
Please refer to point 2 of relatives' response on page 13.
- **Consider reviewing if all dementia residents are able to access tactile stimulation*.**
Please refer to point 7 of relatives' response on page 13.

**Providing appropriate sensory stimulation for Alzheimer's disease and other forms of dementia has been shown in recent studies to decrease agitation and restlessness, as well as improve sleep. These symptoms are very common in most forms of dementia, and certainly in people with Alzheimer's, so sensory stimulation translates as improved quality of life for the patient as well as for the caregiver. For further information please following link: <https://www.best-alzheimers-products.com/sensory-stimulation-for-alzheimers.html>*





Good practice identified:

The home provides Montessori lesson for residents and the Sonas programme.

The Manager informed us that the home provides Montessori lessons as it is an innovative method of working with older adults living with cognitive and or physical impairments, see link: <http://montessoriefordementia.com.au/>

The Sonas programme is a therapeutic communication activity primarily for older people. Which focuses on sensory stimulation, for more information please use the link: <https://sonaspc.ie/the-sonas-programme/>

Consider adoption of the following good practice initiatives:

<http://www.bbc.co.uk/rd/blog/2017-02-bbc-rem-arc-dementia-memories-archive>

A programme to encourage reminiscence in people with dementia.

<https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition>.

This is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

<https://www.nice.org.uk/guidance/ng48>

A link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'

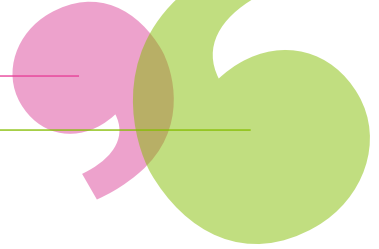
Purpose of the Visit

The visit to Manorhey Care Centre 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 and 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



An Enter and View visit is not an inspection.



Strategic Drivers

We are using all/some of the following criteria for the timing of our visits.

- Ageing population in Trafford requiring care homes
- Good practice
- Length of time since the last Care Quality Care [CQC] visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Resident's family/carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- CQC and partners 'dignity and wellbeing' strategy:
- <http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>
- Changes in management of the home.

These visits are a snapshot in time but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.

Methodology

This was an announced Enter and View visit.

Contact was made with the Management of Manorhey Care Centre explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

We sent a questionnaire to the Manager of the home and received responses prior to the visit (Appendix A).

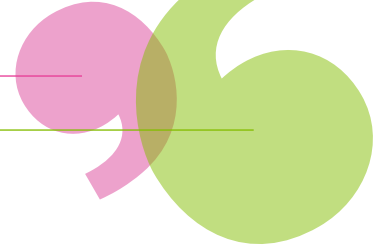
We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix B).

We looked at local intelligence including CQC reports.

We were guided by staff on the residents we could approach to answer our questions. We talked to 11 residents, one relative and nine members of staff.

Healthwatch Trafford Authorised Representatives

- Susan George
- Marilyn Murray
- Jean Rose,
- Catherine Barber
- Georgina Jameson



The visit

Introduction

Healthwatch Trafford visited Manorhey Care Centre on Wednesday 25th April 2018.

Healthwatch Trafford undertake Enter and View visits of any care home, GP surgery, hospital or other health or social care facility which is publicly funded either in part or in whole. These visits aim to paint a picture of residents and patients' experience and we hope that our reports will be used to inform the public and potential users of the service on what they can expect.

These visits are not inspections; they are a snapshot of what we observed on the day of the visit. As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer. We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

Before our visit, we sent questionnaires out to the Manager of Manorhey and to the residents' families/carers who were asked to anonymously provide their views. The questionnaire for management and the Manager's response is provided at Appendix A and the questionnaire for residents can be found at Appendix B. The responses to Appendix B are summarised on page 13.

Profile of Manorhey Care Centre

Manorhey Care Centre is a purpose-built dual registered care home offering residential care and nursing care. The home is owned by Marie Mallaband 16 Limited. For more information please follow the link: <http://www.mmcccarehomes.co.uk/>

Manorhey is situated in a residential area close to a main road linking Stretford and Urmston in the Trafford area. Accommodation is over three floors; the ground floor is for residents with high levels of dementia. The first floor is for residents requiring nursing care and the second floor is residential, many of the residents on the first and second floor live with various degrees of dementia. There is a lift on each floor. Every floor has a communal lounge and dining area and residents can choose to eat in either location when they are able to do so. There is a nursing station on each floor and a hydration station where drinks, fruit and biscuits are available. All bedrooms are single rooms with en-suite facilities. Sensory mats are placed in rooms to alert staff when a resident is out of bed. The home has access to an enclosed well-maintained garden that is wheelchair accessible. There is a good-sized car park at the front of the building. The home is situated on a main road with good public transport bus links.



General Observations

The home is bright, smells fresh and extremely clean. The Manager informed us that the cleaners at Manorhey work hard at keeping the home clean and odour free. The ambience throughout the home appeared relaxed and welcoming. Access to the home is security coded, there is a full view from the reception area of the doorway, staff activate the door release to let visitors in and out of the building. On the day of the visit we waited a few minutes for a member of staff to come from the main building to the reception area to answer the door bell and let us in the building. On entering the reception area, there is the visitors book strategically placed for people to sign in. Various information notices for visitors were highly visible. An identity board with photographs of staff working at the home is displayed. The interior doors leading from the reception area to the main building are also security coded.

In the main building there are weekly activity rotas exhibited on the walls adjacent to the communal areas informing people of activities such as, general knowledge quizzes, sudoku, knit and natter group, pulse chair exercises. One resident we spoke to stated:

‘I enjoy the quizzes, I don’t always get it right but I enjoy them’.

Another resident told us that her routine is to get up, showered, dressed and out of her room into the communal areas and tries not to return to her room until after 5.00pm and she is happy with her daytime routine.

There are three activities co-ordinators, one on for each floor providing a variety of activities. Residents from each floor can join in any activity at the home on whatever floor the activity is taking place. For residents that are immobile and living with high level of dementia, individual one-to-one activities take place such as nail painting and hand messages.

The home promotes the Sonas approach, a therapeutic communication activity for residents living with dementia¹. We were told that Manorhey also provides Montessori lessons for their residents living with cognitive and/or physical impairment². Currently the home is funding raising to purchase a ‘dementia activity table’ which provided positives responses from residents following a recent demonstration at the home³.

The home also has a rota of weekly entertainers visiting the home for residents’ enjoyment. We were informed by staff and residents that the home does organised annual outings visiting places, such as Chester Zoo and Llandudno and go to local locations such as, the Urmston pub, local café and Barlow Farm.

One resident stated;

“I am very happy here, its [Manorhey] one of the best”.

¹ The Sonas programme is an evidence-based, therapeutic activity for people who have dementia. For further information please go to: <https://sonasapc.ie/the-sonas-programme/>

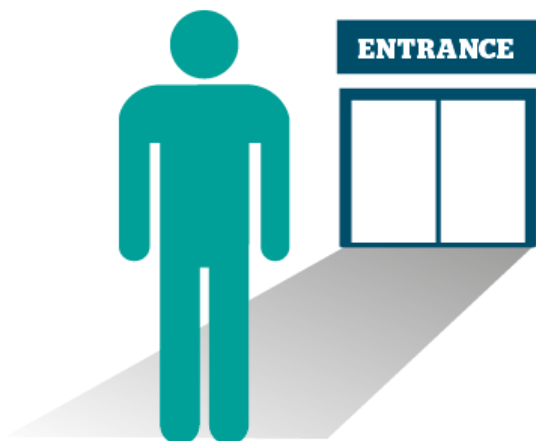
² Montessori, changing the lives of people living with dementia. Please see link below: <http://montessorifordementia.com.au/>

³ The Tovertafel Original is a fun care innovation that connects older people in the late stage of their dementia journey with each other and with their surroundings <http://tovertafel.co.uk/care-innovation-dementia/>

When we asked about going out into the garden, residents we spoke told us that they recently went out into the garden for a St Georges Day celebration picnic and thoroughly enjoyed the day and added particularly the 'ice lollies'.

Another resident stated:

"I go outside into the garden whenever the weather is good".



The interior décor throughout the building is of a very good standard. Several walls have large murals, some depicting pictures of legendary movie stars and others depicting Manchester landmarks. We observed texture boards on walls for dementia resident use. All communal areas are uncluttered. On the day of the visit we had the opportunity to observe number of residents' bedrooms. Each resident had their name and photograph along with information of their working life and the hobbies they enjoyed when younger displayed next to their bedroom door. The Manager informed us that residents rooms have been customised to reflect religious and cultural signature codes from Quran in

Arabic and the Bible. All bedrooms we observed have a call bell, all bedrooms were odour free, spacious, clean, bright and appeared comfortable for the resident.

One resident stated:

"I enjoy having a shower every day. We [together with her family members] looked at many care homes before deciding on Manorhey, I am very happy with my bedroom and en-suite".

The home has a hairdressing salon and the hairdresser attends the home fortnightly. On the day of the visit we witnessed residents having their hair done. We were told that 19 residents were scheduled to have the hair done that day.

The communal lounges were warm, sunlit and welcoming, with plenty of seating for residents and their visitors. We observed the television playing in the background in the communal lounges but it did not dominate the rooms. The Manager stated that one communal lounge area in the home that is presently underused is being considered for a conversion into a 'dementia café' for residents and their visitors to enjoy. Handrails were located on the walls of corridors. Signage to facilities such as WC/bathrooms was clearly visible. All and corridors and communal areas were uncluttered. We observed fire extinguishers in prominent positions situated throughout the building.

We were informed that a handyman is employed to work full time at the home.

Residents can have their meals in the dining room or in their own rooms. The dining areas are extremely presentable displaying menus offering two meal choices. Manorhey has added two more dining areas since the last Care Quality Commission [CQC] inspection in December 2016, please page 13 on the CQC inspection report⁴.

Kitchen serving areas are modern and hygienic. A dietary file containing all the information around the residents' food and drink requirements is kept in the kitchen area on each floor

⁴ The 2016 CQC inspection report: <http://www.cqc.org.uk/location/1-1938268345>



of the home. Hospitality staff attached to the catering staff help and support residents with drinks and at meal times. The home uses fresh food and has deliveries twice a week.

During the visit we observed care staff interacting pleasantly with residents and responding calmly to their needs. When we asked about laundry and ensuring that residents clothes are return correctly, we were told that the home purchased a labelling machine in 2016 to reduce the possibility of residents' clothes going to the wrong person. All residents looked well cared for and relaxed in their surroundings and all appeared comfortable with the Management and staff working at the home.

When we asked staff members on the day of the visit, how long they had worked at the home it varied between four months to seven years, all stated they were very happy working at the home and felt supported by the Manager and Management of Manorhey.

Profile of residents

The residents we observed on the day of the visit were elderly of mixed gender and ethnic origin. All residents required various levels of dementia and nursing care.



Management of the Home

The following comments should be read in conjunction with **Appendix A** which was completed by the Manager of the home prior to the visit. On the day of the visit the Manager unreservedly provided us with the information we requested.


When we asked how residents and their families provide feedback or raise any concerns, the Manager informed us that the home has an 'open door' policy and residents, relatives and the home's employees are encouraged to visit the Manager to have an open discussion. The Manager stated that all complaints are dealt with seriously. Information on the complaint process is available in the reception area. The Manager told us that she carries out 'best interests' meetings with residents and their relatives to resolve any concerns within the home. To see the Manager's full response please go to page 15 of this report.

Relative and residents meeting take place bimonthly. On each floor of the home there is notification on the dates and times of scheduled meetings. A notice board on what the home had done regarding any suggestion put forward by residents or relatives is displayed in the reception area.

Manorhey tries to retain residents' family doctors, currently the home receives input from 11 GP services, when we asked the Manager if the home has used the 999-emergency number, we were told that the 999-emergency number has only been used once due to a disturbance at the home. The Manager added that and very few calls are made to the ambulance service and the home does not call the emergency services for falls.

Prior to our visit, we asked what measures were taken if a resident has a fall. The Manager informed us that Manorhey has a designated 'falls champion' whose responsibility is to thoroughly investigate falls that occur. The home liaises with GP and falls clinic and one-to-one care is arranged when all other interventions have proved to be ineffective. For Manager's full response please go to page 23 of this report.

Manorhey has been using the electronic care plans for three years and we were informed that it is working well. The Manager stated that at the moment the staff import all



information on their lap tops and it was the intention of the Management to advance to hand held devices to enable staff to provide ‘real time’ written entries to care plans.

On enquiring about residents’ food and liquid intake, we were informed by the Manager that each day a designated staff member is allocated as ‘food champion’ and ‘fluid champion’ to make sure that residents are prompted are encouraged and assisted to attain and maintain their optimal nutritional and hydration requirements.

When we asked about access to dental services we were told that the community dentist visits the home. We were also told that if residents need to attend a medical appointment and there is no relative or carer to accompany the resident then a member of staff will be provided as an escort and there is a one-off payment of £15.00 for the service.

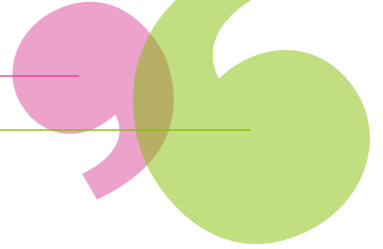
During the visit we were told by the Manager that Manorhey is one of six care homes in Trafford that is part of the Trafford Enhanced Care [TEC] project. The project includes a GP visiting the home twice a week, staff at the home liaising with the Trafford Coordinating Centre and staff at the home being able to access an Advance Nurse Practitioner [ANP] every morning to discuss any worries or concerns that may have in relation to the care and wellbeing of the residents. To see the Manager’s full response please see on page 20 of this report.

The Enter and View team observed the comprehensive excel chart recording all staff training that is taking place, that has been completed and further training scheduled. The owners Marie Mallaband 16 Limited will arrange external training consultants to enhance staff development and training. The Enter and View team were shown a very detailed and comprehensive matrix print-out of the staff training at Manorhey. All training is closely monitored and staff we spoke to during the visit informed us that they were happy with the support they receive from management with their on-going training.

One member of staff told us that she had been on the “*dementia bus virtual tour*” training session⁵ which took place a year ago at Manorhey. The experience gave her an ‘invaluable’ insight into the difficulties encountered by residents living with dementia; and this informed the care she delivered to residents living with the condition. This session was arranged and paid for by the home’s owners.

We asked the Manager about using agency staff we were told that that Manorhey does not use agency staff as it has a good ration of bank staff call upon when required.

⁵ The Virtual Dementia Tour is an interactive training session. For further information please see link: <http://www.training2care.co.uk/virtual-dementia-tour.htm>



Deprivation of Liberties [DoLs]

The Deprivation of Liberty [DoLs] Safeguards are an amendment to the Mental Capacity Act 2005. The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests.

We were informed by management of Manorhey Care Centre that there had been a backlog in the processing of DoLs requests from the home by Trafford Local Authority.



Summary of relatives' responses to questionnaire

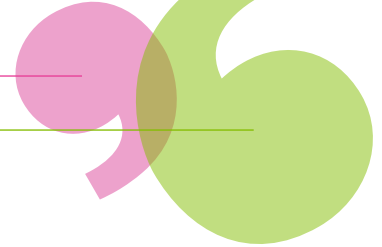
(see relative questionnaire in appendix B)

We left 83 relative questionnaires with the management of Manorhey Care Centre to send out to relatives of residents living the home. We received 15 completed questionnaires from relatives. 13 of the relative questionnaires informed us that they felt that their family member is treated with kindness and compassion, one relative stated that they 'didn't know', one other stated 'yes, most of the time'.

Below are a sample of the comments we received from relatives and carers. The comments are taken verbatim from the relatives and carers questionnaires. Please note that, whilst we received 15 completed questionnaires from relative and carers not all choose to complete the comment box section.

1. *"We have had to be pro-active in ensuring some of areas where we have answered yes to this questionnaire e.g. medication and meals".*
2. *"High turnover of staff, inaccurate documentation in care records or not recorded at all, slow in replying to issues/complaints, very clear improvement needed".*
3. *"Question 2 does not allow for distinguishing between how well a service is provided and how well it is received, e.g. good meals could be provided including choices but a loved one may not be interested in their food and find fault easily".*
4. *"Loved one is now in the later stages of dementia so many of the questions do not apply".*
5. *"It took my loved one several weeks to settle in at Manorhey. She wasn't eating, drinking, didn't take her medications, wouldn't get out of bed, very nasty to staff at times. The staff were really lovely with her, kept trying different ways to get her to eat, drink etc. Kept me informed on her progress. Now she is very settled and that is due to the hard work, time and support the staff gave her".*
6. *"Very happy with everything that goes on".*
7. *"I think residents with dementia need something about to play with and hold, e.g. balls, Joy K dolls, puzzle boards anything tactile to give them some interest".*
8. *"When residents are suffering with memory loss, it is hard for anyone to get the true picture out of them, however, generally she feels calm and settled there".*
9. *"My mum spent time in two previous homes. Manorhey is far superior. She has only been there a short time but is a lot happier".*





Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for management of Manorhey Care Centre

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

Managers operate an open-door policy whereby the Service users their relatives and friends and our employees are encouraged to visit Manager to have an open discussion of any kind of complaints, compliments and suggestions etc. Complaints are dealt with seriously and the Service Users and Relatives are provided with information about the complaint process, and the standardised complaints tool which can be obtained from the Reception area and Resident/Relatives are informed of this process in every meeting held. The Manager will action the complaint and then carry out a monthly audit of complaints received and resolved which is then overseen by the Regional Director and Quality Inspector. The Managers do best interests meetings with Services Users and Relatives to resolve any concerns within the Home, if this does not resolve the concern we then proactively involve external agencies such as the local Safeguarding Authority inviting them to carry out MDT meetings to discuss these concerns and rectify where possible. A standardised tool called Residents at Risk form is used to identify, treat, monitor and prevent the Service Users who are at high risk of skin integrity damage, nutritional concerns, infection, care of newly admitted Service Users, complaints raised by Service Users/Relatives, unexpected accidents/incidents, serious changes in health status (both physical and mental) which is used as an on-going tool, and analysed by the Quality Inspector on a weekly basis

Q2. Do volunteers come into the in the home? If so what type of activities do they do?

We encourage community participation to promote the feeling of wellbeing when the community acknowledges that our Service Users are active members of the Society

Person Centered Activity Portfolio has been developed by the Activity Co-Ordinators whereby these are planned with the service user to provide an individualised approach so that the service user's likes and dislikes, choices and preferences are emphasized. These Portfolios are personal to them and a photo album is being created to enhance our services users feeling of productivity, creativity and self-worth



Q3. Do other organisations come into the home? If so who are they and what do they offer?

Manorhey as a service industry maintains good working professional relationships with all Community Services and Commissioning Authorities. Trafford Clinical Commissioning Group has implemented a new model of primary care called Trafford Enhanced Care Home Team and Manorhey was chosen as one of the 6 samples for the pilot study, which indicates that Manorhey is an integral part of Trafford Borough.

Our community health and social care authorities like Clinical Commissioning Group, Local Authority, Safeguarding team, RIDDOR and so on communicates with our internal professionals to provide recommendations and to keep us updated on best practice.

Community services like General Practitioners, Mastercall, Emergency Services NHS Hospitals (including specific specialized services Neurology, Dermatology), Pharmacist, Falls Clinic, Dementia Crisis Prevention team, Speech and Language Therapy Team, Tissue Viability Nursing etc. are also being utilised if the assessment deemed it necessary or we ascertain that these services will be beneficial to the service user. These services provide expert interventions and recommendations to improve the quality of service users and resolve acute and chronic physical and mental health concerns

Q4. Do residents have fresh fruit and vegetables on a daily basis`?

Fresh fruit, Vegetable and salad are provided for Residents by the chef on a daily basis. Fruit baskets are kept in designated areas for service user to help themselves



Q5. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

Yes drinks are available for service users within reach who are capable of helping themselves and for service users that require assistance staff ensure that they receive adequate amount of fluids. We recently incorporated Hydration and Nutritional stations in two of our units to promote and encourage service users to maintain optimal nutritional and hydration status. This was also introduced in to the Dementia Care Unit; however this did not prove to be effective so this was discontinued.

Currently Manorhey Care Centre utilises the electronic medical records titled Dynamic Care Planning/ I-Care to record food and fluid intake of service users who are at high risk of malnutrition and dehydration. On each day a designated staff member is allocated as "food champion" and "fluid champion" whereby the additional duty includes making sure that service users in the unit are prompted, encouraged and assisted according to their individual needs to be provided with ample food and fluids to attain and maintain optimal nutritional and hydration status.

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

We assess the service user's bodyweight on a monthly basis to comply with Trafford Nutritional Guidelines for care homes. These figures are then analysed with the standardised tool to calculate the BMI and MUST score, the high-risk clients are identified and appropriate action is taken to manage the concern, by liaising with GP, referring the high risk service users to the community Dietary services, administering them with homely milkshakes and fortified food and fluids to maintain the current body weight until the expert guidance from the dietician is received. Care planning according to the individualised need that is prompting, encouraging and assisting service users to eat and drink in accordance with their needs.

Q7. How do you gauge that residents enjoy their food and drink?

The Manager regularly checks during her daily management rounds as well as regular Residents and Relatives meetings whereby she will ask all present are they currently happy and enjoy the current menu or if services users feel any changes could be implemented and to discuss ideas of favourite items of food and drink to be incorporated to the current menu. All feasible suggestions & recommendations are implemented to ensure that service users are happy and feel at home.



Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

Manorhey service users receive the input from 11 GP services at present which are within the local catchment area. As far as possible we try to retain their own family doctor to enhance the feeling that the health professionals that have input into their health needs have not changed even though they are being introduced to a new home.

Q9. Which healthcare professionals visit the home at your request e.g., chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

GP, Community Psychiatrist, District Nurses, Specialist Nurses I.e. Diabetic, Macmillan, Tissue Viability Nurse. Physiotherapist, Occupational Therapist, Dietician, Speech and Language therapist, Dentist, Audiologist, Optician, Podiatrist, Chiropodist, Reflexologist, Social Workers, Community Psychiatric Nurse, Care Co-Ordinators

Q10. If professionals do not come into the home, how do you access their services?

For example, some services like Dental x-ray could not be performed at home level so the service users are provided with appointments and we liaise with the family and arrange for transport and an escort if family are unable to attend.

Q11. Are resident's likes and dislikes recorded in care plans?

Yes, the dynamic care planning software prompts the user to obtain information on the service users profile page as well as the care plan for likes and dislikes, preferences and choices.



Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

We try to complete me and my life documentation with the service user or the next of kin to assist in understanding the person with their likes/dislikes, preferences, choices, strengths, vulnerabilities and so on to ensure we provide person centered care, and we are caring for the person with a holistic view and not just in light of their current diagnosis. Person Centered Activity Portfolio has been developed by the Activity Co-ordinators whereby these are planned with the service user to provide an individualised approach so that the service user's likes and dislikes, choices and preferences are emphasised. These Portfolios are personal to them and a photo album is being created to enhance our services users feeling of productivity, creativity and self-worth. We encourage our staff to play a significant role in providing quality care to our Service Users and do activities above and beyond their job role. The staff then reflect on their promises and give a written account in a special format made within the Manorhey Care Centre; these are then filed for further analysis, research and reference.

Q13. Do residents have choice over what they wear each day?

All staff are trained and encouraged to interact with the service users and promote informed choices on every aspect of care.



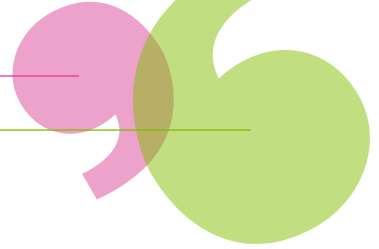
Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

When an enquiry is received at the Home the Manager carries out pre-admission assessment to determine whether as a Home we can meet that person's needs. If we are then able to meet the needs that person is then encouraged to come and visit the home, have a look at the facilities on offer, meet with other service users and join them for lunch, this then enabling them to have their own assessment of our home and the good quality of care we can provide for them. The person and the relevant representative are provided with the concept that Manorhey as a care home is aiming at supporting all service users with optimal quality of life within the limitations of their age and diagnosis. This choice is given to the person making the enquiry to ensure that they are aware of the service they will receive, providing a sense of familiarity thereby making the transition more manageable for them to cope. Once both parties agree for admission to the Home a transitional care plan is completed assessing the nursing needs assessment form provided earlier and incorporating our pre-admission assessment to ensure that appropriate care is delivered to the new service user. Once the service user is welcomed to the Home a comprehensive examination utilising all the standardised tools is completed with direct involvement of the service user and next of kin (if the person lacks capacity) within 24 hours a robust care plan is formulated and the caring pathway commences. Any changes in their physical or mental status is assessed as an on-going process and this is then reflective within the care plan dependent upon the current need. Community services like Dementia Crisis Prevention team, Speech and Language Therapy, Tissue Viability Nursing etc. are also being utilised if the assessment deems it necessary or we feel these services will be beneficial to the service user. There are designated staff members who are trained to fulfil specific tasks such as Dignity Champions, Infection Control Champions, and Dementia Champions who accomplish their duties to maintain the highest quality of care to our service users. This is then reflected in the communication domain of the care plan.

For people living with Dementia, before they are being admitted to our Dementia Unit they are assessed and made sure that Manorhey as a service provider could meet the real need of that individual. Currently the Dementia Care Unit is colour-zoned to support our service users to identify the location of their personal room and we have personalised each Service User's entrance doorway with individual framed pictures that are personal to them by way of hobbies, favourite holiday destinations and previous employment.

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

We have Service Users following specific religions and staff support service users by reading the Quran regularly with respect and encouragement to these religious values. Service Users following a particular religion are provided with specialist Halal Diet so we ensure this by checking the contents and replacing where required with vegetable options. Service User rooms have been customised to reflect religious and cultural signature codes from the Quran in Arabic and the Bible.



Q16. Do you have visiting faith leaders in the home

Monthly church services are conducted within the Home to enhance the spiritual experience and promote religious practices for service users thereby giving them a sense of quality of life. Activities Co-Ordinators have a working relationship with all casts of Religion so that service users have that sense of familiarity with faith leaders and they could provide appropriate and effective spiritual interventions according to the individual need.

Q17. Do you encourage family and friends to think about having advance directives?

Qualified Registered Nurses provide counselling and support to the Service User including family to cope with deterioration of health and approaching end of life. We utilise tools for capacity assessment, and best interest including do not attempt cardiopulmonary resuscitation, advanced care planning and end of life wishes form, enabling them to realise the current status whilst keeping them informed so they have a sense of situational awareness whilst experiencing such emotional stages of life

Q18. Do you invite the community to bring in pets?

Activities programme on a monthly basis invite in to the Home pet therapy services which include trained animals for relaxation therapy, animals providing tactile stimulations.

Q19. Do you have regular meetings with residents' families?

Service Users and Relatives are encouraged to participate in meetings and be central to the Home's philosophy relating to quality provision ensuring that Service Users are assisted and supported to achieve personal outcomes

Q20. Do you take residents out into the community?

Regular day trips are arranged for our service users and their families to enhance the feeling of well being. Recently Residents have been to Garden Centre, Chester Zoo, Harry Ramsdens and Britannia Hotel tea Dances and so on.



Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major?

The safety of Service Users, Visitors and Staff is paramount to our organisation and emphasis is given to the successful handling of emergencies which is directly proportional to the meticulous planning, practicing and implementation of the Business Continuity Plan. Each unit is being assigned with Qualified Personnel who does their own clinical assessment at times which on occasion warrants assistance from external Professionals. Registered Nurses in accordance with their clinical judgement liaise with appropriate services such as the Service Users own GP or Pharmacist, and during out of hours service of NHS 111 will be utilised. In the event of emergency 999 is called in for immediate assistance. Training for Registered Nurses and Care Practitioners for first aid and basic life support is provided on an annual basis to ensure that all clinical staff is updated with current evidenced based practice

Falls risk assessment and moving and handling assessment is reviewed and updated regularly every month and whenever required. any incidents and accidents has to be dealt with according to assessment, which is call emergency services if the assessment deemed it necessary and inform the Next of kin as soon as possible

Q22. What preventative action do you utilise to prevent falls? Have you access to a falls advisor?

We have standardised risk assessments in place which prompt appropriate interventions to be implemented to reduce the risk of falls such as utilisation of equipment such as sensor mat, Zimmer frames. Protection plans are in place for service users that are very high risk of falls. We liaise with GP, falls clinic etc. too ensure that appropriate and effective interventions are provided for the service users to reduce their risk of falls. 1:1 care is arranged as well when all other interventions have proved to be ineffective.

Q23. What feedback have you had from residents in the last three months which have resulted in change?

Residents have supplied there choice for different décor throughout the home that has resulted in changes to suit their taste and requests. Access to the garden area is available at all times security permitting to promote and enhance well being.



Q24. How do you keep abreast of good practice? Examples might include e-learning Packages, formal training, mentoring, staff appraisal?

For good practice we comply with organisational policies and procedures. The Management team ensures that all training requirements are completed by the employees and are up to date with their knowledge, skill and competence. We have regular staff meetings including flash meetings and briefing sessions that promotes good communication within the team and feedback are being gathered to make necessary changes in regular practice if required, too enhance the quality of services provided to the service users. We have a robust Quality compliance system in place within the home where the management team ensures that the regular audits are completed within the required time frame, and that actions are carried out accordingly. In addition to this Home has a Quality compliance inspector who assesses the quality of care and provides us with the Providers visit and action plan on a monthly basis these recommendations are carried out at the earliest within the Home to ensure that the organisational standards are adhered to.

It is a mandatory requirement by the Organisation for all staff to have mandatory e-learning training for different classification of employment, example qualified Registered Nurses should complete e learning for safeguarding, Health & Safety, Food Safety, Manual Handling, Medication awareness, infection control, MCA & Dols, Fire Awareness, Dementia Awareness, First aid, First Aider year 1 qualification, COSHH, and introduction to care. These are then reviewed annually and the Administrator keeps a log of review dates to prompt staff to adhere to the regime. During the interview process of new Nursing staff, prospective employees are given a Nursing skills checklist for their self assessment and feedback as to whether they require any further training in those particular competencies. Practical training and development sessions are also arranged via the Group Training Manager in conjunction with external training professional company for all staff to attend. All Nursing and care staff complete what is called a PLDP to maximise the many and varied strengths of staff to support, inform. Develop, Identify and deliver learning and development opportunities

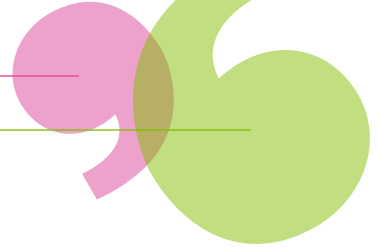
Q25. How do you prevent residents' feelings of loneliness or isolation?

Service Users that are nursed in bed are provided with visual, audio and tactile stimulation to preserve and enhance their sensory abilities. for example light therapy projector combined with music is operated for a certain length of time within their private room to aim at providing a sense of well being when they are having personal time of their own. . Person Centred Activity Portfolio has been developed by the Activity Co-Ordinators whereby these are planned with the service user to provide an individualised approach so that the service user's likes and dislikes, choices and preferences are emphasised. These Portfolios are personal to them and a photo album is being created to enhance our services users feeling of productivity, creativity and self worth



Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe

It is our mission to have competent and motivated staff by encouraging staff to operate to their potential to provide People using our services and their families so they are supported to feel optimistic about their care, which is delivered by social care professionals who are empathetic, and non-judgmental, trained in person centred care and customer care. This training ultimately provides comprehensive, safe, optimal and good continuity of quality care. Our aim is to ensure that throughout all training and development that our staff is being empowered to employ the core values of caring, compassion, communication, competence, courage and commitment to ensure that our service users are provided with a sense of confidence that they receive evidence based practice



Appendix - B

Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's:-

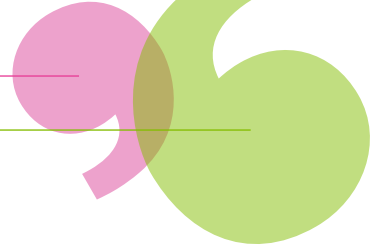
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

2. Do you think that your loved one;-

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



Are you:-

Consulted on changes needed to care plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Please add in any other comments or observations you would like to make in the box below.

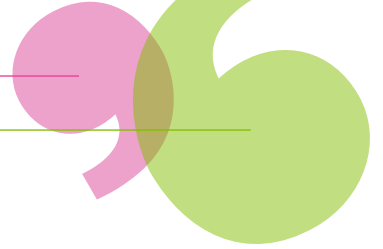
Would you recommend this home to anyone else?

Yes No Maybe

Overall, on a scale of 1 to 10, how would you rate this home?

(with 1 being very poor and 10 being excellent)

out of 10



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health and Overview Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

Chief Nurse / Associate Director of Nursing Trafford CCG

The provider visited

It will also be published online on the Healthwatch Trafford website

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