



Enter and View Report

Manor Park Residential Care Home

26th January 2016



Contents

Visit Overview	3
About Healthwatch North Somerset	4
Enter & View	5
Key Benefits of Enter & View.....	6
Purpose of the Visit	6
How the Visit was Conducted	6
Observations and Findings	7
Personal Care and Dignity of Residents.....	8
Independence of Residents and Control Over Daily Life.....	9
Staff Behaviour and Attitudes and Relationship between Residents and Staff.....	9
Activities for Residents	10
Food and Drink and Meal Times.....	10
Relationship between the Home and Relatives/Carers.....	11
Staff Satisfaction.....	11
Other Observations and Comments from Resident, Staff and Relatives.....	11
Recommendations.....	12
Acknowledgements	12



Visit Overview

Service Name and Address: Manor Park Residential Care Home,
3 Ellenborough Park, Weston-super-Mare, SOMERSET BS23 1HX

Registered Provider: North Somerset Council

Type of Service: Residential Care Home

Specialisms: Dementia

Registered Manager: Linda Hurrell

Date and Time of Visit: 26th January 2016 09:30am to 12:30pm

Enter and View Team: Sophia Jones, Anne Skinner, Bob Skinner and
Janice Walsh

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Working closely with other groups and organisations in the local area.

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what the Enter and View Representatives saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Any serious issues that are identified during a Healthwatch North Somerset Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows 'Enter and View' activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- A person providing primary medical services (e.g. GPs)
- A person providing primary dental services (i.e. dentists)
- A person providing primary ophthalmic services (i.e. opticians)
- A person providing pharmaceutical services (e.g. community pharmacists)
- A person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Manor Park Residential Care Home was selected because it had recently contracted with Dementia Care Matters for a one year culture change programme known as the Butterfly Project and has been upgraded to reflect the most recent standards in caring for persons living with dementia.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How the Visit was Conducted

The visit was announced to the manager two weeks prior to the visit date. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and we talked with a small number of residents, one family member or carer who was visiting at the time, and most of the staff who were on duty at the time of the visit. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised.

No phone calls/emails were received in the Healthwatch North Somerset office regarding the visit either before or after the visit.

Observations and Findings

Manor Park is a Victorian building which has been considerably extended. The facilities have been extensively adapted recently to reflect the most recent thinking in the care of those living with dementia such as an absence of mirrors, no dark mats or patches on floors and pictorial signs for toilets. The care home has thirty six bedrooms.

The lounges where the people who live there spend their day time hours are spacious and thoughtfully decorated. There is one long corridor in the extended part of the building which does create an impression of an institution but great efforts have been made to mitigate this by the use of thoughtful decorations and murals.

We received a good welcome from the Manager and other staff. We were not asked to show our identity badges but we were asked to sign in and out of the building.

There is a complaints procedure prominently displayed in the entrance lobby.

There was a distinctive smell of urine when we entered the premises particularly in the room planned to be the future library and the corridor outside leading towards the Autumn lounge. We noticed that this smell had largely disappeared later on. When this was raised with the Manager, she explained that one of the people who live there had had an “accident” just before we arrived and before action could be taken to remedy the situation.

Our general impression was that the premises were clean and tidy. The atmosphere was very relaxed and the persons who live there showed no signs of distress and were not seen wandering the corridors during our visit.

The Manager seemed to be open to questions and comments and she said she has a belief that care homes should share information and experiences to enable them to maintain and improve standards. Those staff observed appeared committed to their work. There was lots of laughter and good humour between staff which appeared to indicate that they are happy in their work.

Staff refer to persons under their care as “people who live here” rather than residents or other terms which can raise the concept of an institution. In recognition of this, the term “people who live here” has been used in this report.

Personal Care and Dignity of Residents

The people who live there appeared to be dressed appropriately. The Manager explained that the lounges have been named Spring, Summer, Autumn and Winter to reflect the degree of dementia the people who live there have.

She clarified that most of the people that use the Spring lounge are in the early stages of dementia while those that use the Winter lounge are in a far more advanced stage. They all appeared settled. We observed that everyone knocks on the doors of the lounges rather than entering unannounced. There are family trees in the lounges and numerous photographs.

Staff appeared to be conversant with all the persons who live there. They were observed using people's names when addressing them, maintaining eye contact when this was possible and giving their full attention when speaking to them. We noticed that the bedrooms had a brief story about the person who lives there on the door.

We were told that staff use the same toilets as the persons who live there. This suggests an atmosphere of togetherness and is an incentive to maintain standards of cleanliness and hygiene.

The Manager told us that senior staff have attended dementia training and that they use their knowledge to cascade the expected standards to other staff. There is also a group in-house trainer; the home is partnered to Clevedon Court home. The Manager explained that staff receive induction training and specific "Butterfly" training for dementia care. At the time of the visit, there appeared to be sufficient staff with the persons who live there to cater for their needs.

One point of concern arose in the Summer lounge where loose tablets were lying on a table next to one lady. We felt that this created a risk that the lady may not receive her correct medication and also that one of the other persons who live there may pick up the tablets and take them. This observation was relayed to the Manager and she reassured us that this would be investigated with the appropriate member of staff.

The Manager was asked about one person who lived there who, for the whole duration of the visit she was sat on her own asleep. The Manager explained that the lady had arrived at the home very recently and had not settled in yet. The Manager said that the lady can be quite aggressive to other persons who live there so the staff are allowing her to sit where she wants and are not pressurising her to do what she does not want to do. It was hoped that she will gradually feel more comfortable and able to mix with the other people that live there.

Independence of Residents and Control over Daily Life

Given the nature of the home, it was not possible to discuss the extent to which the persons who live there have control over their daily life. Observation and discussion with staff suggested that persons who live there are able to choose when they get up and go to bed.

It was evident that they can eat meals when and where they choose as food was being provided to some individuals during the whole time that we were on the premises. This process is made much easier because catering facilities are provided in each lounge.

Persons who live there appear to have some flexibility about how they spend their day. Some were observed doing craft activities, others were listening to music or watching television.

Smoking was allowed in a designated room which demonstrates respect for individual choice.

Although the lounges generally cater for different stages of the medical condition of the persons who live there, there is some flexibility. In the Spring lounge, which caters for early stage dementia, one lady was at a more serious stage but she had a close bond with another lady and we observed them sit happily together.

In the Summer lounge the hairdresser was cutting a man's hair while he sat at the table rather than in the designated hairdressing salon on the premises. We felt this was a good example of responding to the needs of the individual.

Staff Behaviour and Attitudes and Relationship between Residents and Staff

The activity in the Spring lounge was observed in some depth. During our observation there was a constant presence of staff in the lounge with the eleven persons who lived there. The team consisted of four members of staff one of whom was the lead.

The staff seemed very engaged with the persons who live there, their language was friendly and there were lots of hugs and kisses.

It was apparent from a discussion with a member of staff in Winter lounge that she is very committed to her job and she said she sees the people who live in the home as more like family and she also said she likes the way the home is run. She said "I love working here". She described the Manager as the "life and soul of the place" and said that the nurse manager always finds time for the staff. She explained that one of the residents used to be a model and she often spends time doing her hair in fancy styles for her which she seems to like.

A brief conversation with a staff member in the Autumn lounge indicated that she knew the residents well and was able to tell us who likes to do what. She was clearly busy but was giving each resident individual attention.

Activities for Residents

The Manager told us that the people who live there were encouraged to get involved in day to day domestic activities such as folding laundry and peeling vegetables if they want to.

In addition to television and music, we saw that there were also puzzles, papers and word-search books available. Each person who lives there has a memory box which we were told contains things that are personal to them.

The Spring lounge has a weather chart showing the day and date which the persons who live there fill in every day with help from the staff. The people in the Spring lounge can also make drinks and snacks.

The Spring and Winter lounges have a view outside to the front of the building. The windows have blinds and these were down but not closed. At the time of the visit, maintenance work was occurring on the roof so there was plenty of activity outside to watch.

Staff commented that activities are changed depending on what the persons who live there want to do.

The Manager said that the persons who live there have access to a minibus every alternate week for outings. The minibus is shared with the Clevedon home. It is the responsibility of the heads of each lounge to arrange what they are going to do. The Manager said that anyone who shows interest can go.

The Winter lounge accommodates the persons who live there whose dementia is at an advanced stage. It has a number of sensory items which provide stimulation and contribute to a quiet and relaxed environment.

One of the sensory items used is a fibre optic light. Staff were observed placing these on tables close to the persons who live there. In one case the person's head was very close to the light which we felt might present a risk if the optics came into contact with his eyes. The staff member in the lounge was advised of this and the light was removed. The Manager was informed about this at the debrief.

Food and Drink and Meal Times

The persons who live there were seen to be given a choice of what to eat for breakfast and there was no pressure to restrict the serving of food to specific times. One lady in the

Summer lounge was eating a yoghurt when the lounge was first visited. Later on in the morning at a second visit to the lounge she was eating another yoghurt.

A choice of drinks was offered. The Manager said only decaffeinated tea and coffee is available.

A staff member said that a choice of two hot meals was available for lunch.

Relationship between the Home and Relatives/Carers

There were very few visitors at the time of the inspection. However, the visitors that we saw were greeted by staff who made sure that they signed in. Staff appeared to know them by name.

We were told by the Manager that visiting is not restricted therefore visitors can visit during times when food is being served.

A staff member told us that one of the people who live there often falls asleep holding her husband's hand when he visits. Another resident in the Winter lounge receives visits from a family member and their little dog.

Staff Satisfaction

The staff we saw on the visit spoke to us freely and appeared to be satisfied and happy in their work. Staff serving food were happy and cheerful. No members of staff raised any complaints. All the staff had an easy friendly attitude with both persons who live there and visitors.

Other Observations and Comments from Resident, Staff and Relatives

The visitor in the Winter lounge expressed very positive comments about the home and staff.

Recommendations

The Enter and View Representatives recommend:

- Staff should ensure that the persons who live there take their medication at the time it is given to them.
- The Manager ensures that all staff are aware of potential risks to eye safety.

Acknowledgements

Healthwatch North Somerset would like to thank Linda Hurrell, the staff and all the persons who live at Manor Park for their welcome and hospitality.

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