

Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at www.healthwatchrochdale.org.uk

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Newhey Manor Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Enter and View Visit Information

Service address	Newhey Manor Care Home, Huddersfield Road, Newhey, Rochdale, OL16 3RL
Service Provider	Lily Care Ltd
Type of service	Care Home only (Residential Care) - Privately Owned , Registered for a maximum of 24 Service Users
Date and time of Enter and View visit	Tuesday 22 nd August 11.00am - 2.00pm
Authorised Enter and View Representatives	Claire Birch, Dave Logan & Monica Oliver

Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. At the time of the Enter and View visit Newhey Manor Care Home was rated as good by the CQC. To read the inspection report please visit <https://www.cqc.org.uk/location/1-137527668>

Visit Background & Purpose

Background

Healthwatch Rochdale visited Newhey Manor Care Home on Thursday 22nd August 2019 at 11.00am - 2.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance during a pre-visit meeting with the manager. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

In 2018/19 visits were based on eight care quality indicators developed by Independent Age. For the 2019/20 programme of visits, Healthwatch Rochdale decided to include a ninth indicator which focuses on the environment to enable better reporting in this area.

The indicators are:

- Have strong, visible management
- Have staff with the time and skills to do their job
- Have good knowledge of each individual resident and how their needs may be changing
- Offer a varied programme of activities
- Offer quality, choice and flexibility around food and mealtimes
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
- Accommodate residents personal, cultural and lifestyle needs

- Be an open environment where feedback is actively sought and used#
- Provide a physical environment which is suitable for the needs of the residents

Methodology

This was an announced visit within a two-week time frame and therefore Newhey Manor management and staff were expecting us. Enter and View representatives on this visit were:

- Claire Birch
- Dave Logan
- Monica Oliver

We were greeted on arrival by the manager and our questionnaires and observations were conducted based on the nine care quality indicators. On the visit we spoke to:

- The manager
- Three staff members
- Three residents
- One family member

The home consists of two floors, a lounge and a separate dining room and we observed all areas. After the visit was completed the manager was informed that a report with recommendations will be written and shared with the provider. An opportunity for the provider to comment on the recommendations will be given.

Results of visit

A good care home should have

1. Strong and visible management

The manager is also the owner of Newhey Manor and told us that he was “a lecturer at University in engineering” but “in 2003 that all changed” as the manager “wanted the satisfaction to make people happy”. The manager felt that the “manager here in 2003 was not appropriate” and so he took over as manager. The manager told us he enjoys his role and is “helped by (my) beliefs to give residents happiness”.

All three staff members we spoke with told us that they felt supported by the manager with staff members telling us that “whatever is asked for will always be considered and addressed accordingly”, “if I need something, I ask for it and I receive it” and “any problems or queries are always listened to”. Staff members also told us that they found it easy to talk to the manager and raise an issue saying the manager was “always approachable and ready to listen”.

All three residents we spoke with knew who the manager of the home was saying “yes it is Rida” with one resident saying “he talks to me when he gets the chance”, a second saying “he is alright” and a third resident saying “he is so so”.

One family member we spoke with said they knew who the manager of the home was and that he “comes and talks to you and does odd jobs for you when needed”.

On our visit we observed the manager interacting with residents and using their name in conversation, the manager also helped with lunchtime and gave residents their pudding.

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

The manager told us that staff have an “induction” and “mandatory training” and that the manager and staff “plan together” and share “ideas on how to go forward”. The manager speaks with staff about which direction they want their career to progress in, for example if they are interested in qualifying as a nurse. The manager said that “all staff are busy at peak times” and that “priorities come first” but “in the late morning and afternoon all staff try to spend more time with residents”.

Two staff members told us that “generally yes” they feel they have enough time to care for residents and a third staff member said “yes, but obviously there are times when it can be difficult”. All three staff members told us that they are encouraged to develop their skills as they are “always offered more training” and “training courses are always available”. Staff members we spoke with told us that they enjoy “the interaction with the residents and the satisfaction of helping”, “the residents and sharing time with them” and “interacting with residents and staff and helping people”.

All three residents we spoke with said they thought the staff were good telling us “the staff are fabulous” and “quite good”. All three residents felt that staff had enough time to stop and chat with one resident saying, “they talk to me and have the time to”. A second resident said “Yes, they do have the time, but I think there should be a carer in the lounge at all times”.

One family member we spoke with confirmed that they felt that staff have the time and skills to care for residents saying “there is enough staff most of the time. If they are short staffed the manager comes in or they ring another member of staff. They are all really good”. However, the family member said they sometimes worry about “new staff members” and if they have an “idea of what they are doing. They are good after a week or two but before that they should be with another, experienced staff member who knows how to deal with (resident)”.

We observed staff members interacting with residents and using their name in conversation with staff members being friendly, calm and patient in their interactions with residents. Staff members all wore name badges and there was a staff photo board displaying a photo for each staff member and their name underneath.

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

The manager told us that they “complete an assessment” and that the home has a “key worker system” and that the “allocated staff member sits with the residents and writes up as much as they can about their lives” and that “if a resident has dementia the family provide the information”. Allocated staff members also “update the care plan” and “everything is recorded from day one”.

Staff members told us that they get to know a resident through “an initial conversation using their notes” and having “access to a folder with all the necessary personal information”. Staff members said that “any changes are discussed, and information is added to the personal file” and staff “start each shift with a handover meeting and any happenings or changes are discussed”.

Residents felt that staff knew their needs and likes and dislikes telling us “I only have to tell them once and then they know” and “I think they have a good idea”.

One family member we spoke with felt that the home noticed and responded when their relative’s needs changed saying, “when I come in the morning, they always let me know and give me an update. They seem to be pretty good”.

On our visit we observed a Daisy Dignity in Care wall display serving as a reminder to staff of the core messages of the Daisy Dignity in Care standard which is an accreditation scheme awarded to services who offer exceptional dignity in their care.

4. Offer a varied programme of activities

The manager told us that “some residents go out with staff or family” and that the home used to arrange trips out to Hollingworth Lake and the Trafford Centre but “residents seem to lack the confidence to go”, however they “do go to the local park”. The manager said that “all residents are offered opportunities” to take part in activities and that “local school children come into the home and sit with residents” and an “Active Minds representative comes into the home fortnightly” to provide “activities and stimulation sessions” for residents. The manager said that they try to support residents to continue to do the things they used to enjoy before coming into the home, for example they “gave a rugby player their own tv to watch Sky Sports”.

One staff member told us activities included a visit from “Active Minds at least every other week, singing group, church visits, children’s nursery visits, bingo and quizzes with occasional walks out close by”. A second said activities included “bingo and puzzles” and a third said “library books, puzzles and visits from an activity co-ordinator” with “all staff encouraging residents to participate” by providing “necessary explanations”. All three staff members said that activities were tailored to resident’s preferences and interests “where possible”.

One resident said that there was “very little” activities with “bingo once in a blue moon” and “two ladies who come in singing”. A second resident said they liked to “watch TV in their room” and had brought their own “sky system” with them. When asked if there were any activities available in the home a third resident said, “I wouldn’t think so”. When asked what they would like to do in the home one resident replied, “I would like to have a sing song more often, something to keep us occupied” and another said, “I am happy as I am”. When asked if they go on trips outside one resident said, “I go out with my brother, the carers never offer to take you anywhere” and a second resident said “I don’t go out anywhere because I can’t walk”.

One family member told us that the home has “groups of people coming in singing” but that their resident is “not keen on going downstairs and would rather be in the bedroom watching tv and reading the newspaper” however when something is on they are asked to

take part and join in. The family member told us the home has “no trips out” and “no garden” and they “would like a bit of a garden and somewhere for residents to sit out”.

On our visit we observed an activities timetable on the lounge door which included flower arranging, painting, songs of praise, arts & crafts, hairdresser, bingo, short stories, card games and chair exercises.

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

The manager told us that the cook has been at the home for “25 years” and “his mum used to be a resident. He is first class and very accommodating to residents’ tastes”. The manager said that residents get a “choice of menu and are asked what they prefer” and they have a choice to eat in their own room, the lounge or the dining room. The manager told us that residents are offered “regular drinks all day” and “residents can ask anytime”.

One staff member told us that residents “are encouraged to eat at mealtimes but there is also regular tea/biscuits/sandwich breaks between” and a second said “residents are encouraged to eat according to their needs and diet and snacks are available between meal times” and a third said “there are many different choices of food”. Staff members told us they tried to make mealtimes sociable by “encouraging residents to meet and eat together” and that “a meal room is available, but some residents decide to eat in their rooms”.

All three residents seemed happy with the quality of the food saying “the food is exceptional, it is really good” and “it’s reasonable, I would tell them if I didn’t like it” with a third resident saying “it’s alright, most of it is nice”. Residents told us that they are happy with the choice of what and when to eat saying “I get two choices and I think that is enough” and it is “fairly set mealtimes but I am happy with those times. I am not hungry outside of mealtimes as there is sufficient food”. All three residents said they enjoyed mealtimes and told us “I sit in the lounge mostly” and “I have my meals in my bedroom, but the staff are friendly”.

One family member we spoke with told us that “during the week the food is good” and that there are “two different options” and if you don’t like that option “you only have to ask for an alternative” but at weekends the “meals are usually salad and (resident) doesn’t like salad”. The family member told us that this is because “the chef is only on till dinner at the weekend”. The family member told us that their resident has “their own little fridge and kettle in the bedroom” but a “carer always comes and ask if (resident) would like a drink”. The family member said they have been “asked to stay for something to eat” and was “invited to stay for Christmas dinner and I stayed for that”.

On the day of our visit lunch was a choice of minced beef and onion pie or sausage casserole followed by rice pudding or fruit and cream. Residents were helped into the dining room by staff members and those who did not want to eat in the dining room could eat in the lounge or their bedroom and have their meal brought to them. We observed cold and warm drinks being offered to residents with residents eating independently and encouraged to eat more if they had only eaten a small amount. Dining tables had a vase of flowers and lunch was calm and quiet.

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

The manager told us that the home has “an optician for yearly checks and other checks if needed” and a dentist scheme with visits “every six months”. The manager said that if a resident needed dental treatment this would be provided at the hospital.

Two staff members said that residents had regular, preventative dental and optometry appointments and a third staff member was unsure as they were new to the home.

None of the residents we spoke with said they had seen a doctor or optician at home saying “I have been here seven weeks and I haven’t seen either. A carer helps me clean my teeth, but I think I need glasses” and “I had my cataracts done about twelve months ago, but my brother took me”. One resident we spoke with confirmed that the chiroprapist comes into the home.

When asked if health professionals come to see your relative one family member told us “the GP comes in and residents have their own optician come in, I am not sure about a dentist though”.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that the home has “Methodist and Catholic services” for residents who wish to take part. The home also had a hairdresser who had been “coming for twenty years”, the home now has a “new hairdresser starting next week”. The manager told us that all residents are given the support they need to remain clean and appropriately dressed.

Staff members told us that religious and cultural needs are catered for saying “needs are catered for according to faith” and “wherever necessary or asked for” and staff members confirmed that the home has access to a hairdresser or barber.

The three residents we spoke with felt that they had no religious or cultural needs. One resident told us they could have a shave and the carer “will shave me. I make an appointment with (carer) for a shave” and a second resident said, “the manager shaved me this morning”. A third resident said a “carer does my fingernails and the hairdresser does my hair when I want it doing”.

One member we spoke with felt that their resident had no specific religious or cultural needs but told us that a “hairdresser comes into the home, but they have recently retired, and the home is currently looking for a new one. They haven’t had a hairdresser for a couple of weeks and (resident) likes having (their) hair done”.

On our visit we observed that residents appeared well groomed and clean with neat, combed hair and observed a carer wiping a resident’s mouth clean after lunch time in a dignified manner.

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

The manager told us that his “door is always open” and that the home has a “meeting at least once a year” or residents can have “a one to one meeting if preferred” and that all meetings “are minuted and acted upon”. There is also a “staff meeting every month” and

the manager said that the “staff tend to stay working at the home for a number of years” and gave an example of one staff member who left to work closer to home but came back to Newhey Manor as they enjoyed working here.

Staff members told us residents can have a say in how the home is run through “an annual meeting but the managers door is always open for discussions and requests” and that “staff and management are always open to discussion and ideas” with this “being encouraged and information logged”.

Staff members said they can have a say in how the home is run through “regular staff meetings” and “all opinions are encouraged by management” with “management available at any and all times”.

Residents told us that if they wanted to make a complaint they would “speak to the manager” or “I would talk to a carer I know well”. When asked if there was anything, they would like to change about the home one resident said “I don’t think so but there are too many chairs in the lounge. I would like to see less chairs in here as I think it is a fire hazard”, a second resident said, “I think I am getting looked after very well” and a third resident said “no, it’s quite reasonable”.

The family member we spoke with told us that they felt like a welcome participant in the home and that the “manager will do anything for you. (Resident) was able to move bedroom” on request and said “you can tell the carers anything”. The family member said that “now and again there is a meeting” and that they “have gone and told them about any issues”.

On the visit we saw that the home had a complaint procedure and policy in the reception area. We also saw a notice asking people to join ‘Friends of Newhey Manor’ to share their views with management.

9. Provide a physical environment which is suitable for the needs of the residents.

The manager told us that he keeps a check on the building and contents of the home and that “a decorator is called when needed”. The manager ensures the home is kept at a comfortable temperature for residents through the use of “thermostats in communal areas” and “staff monitor the temperature in resident’s rooms”.

One member told us that the home is made dementia friendly using “signs and pictures throughout the home and each resident has a life book in their room” and a second staff member said the home was dementia friendly by “always having members of staff available” and a third was unsure as they were a new staff member.

All three residents felt that the home was clean and tidy telling us the home is “clean” and “immaculately clean”. One resident told us that the temperature in the home was “ok for me” but a second resident said “it is usually a very nice temperature but it can get cold in the late afternoon but I just ask a carer to get me a cardigan” and a third resident said “I have been too hot and too cold, mainly when I am sat in the lounge”.

One family member felt that the home was clean and well decorated, saying the home is “cleaned every morning”. When asked if the home was a comfortable temperature for residents the family member told us, “it is ok most of the time but now and again you feel

a draught from the open windows in the toilet” but it is “normally ok and they have the heating on when it is cold”.

On our visit we observed dementia friendly signage on the toilet and dining room doors. We also observed patio doors in the lounge that led straight onto a large field, but the home had no garden. The manager confirmed that the home had access to the field and would use the space for certain events such as a barbecue. The home smelt pleasant and clean and there was artwork displayed on the walls.

Recommendations

The findings in this report are based on nine care quality indicators and the Enter and View visit identified the following areas of improvement.

Following this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced that family members didn’t always feel confident about the skills of new staff members. Therefore, in accordance with indicator 2 ‘Have staff with the time and skills to do their job’ we recommend:</p> <p>“Review the initial induction period for new members of staff and provide assurance through word of mouth/poster to those who visit the home of the current training process for all new staff members”.</p>
2	<p>Our findings evidenced that there were some activities available in the home but that they could be expanded. Therefore, in accordance with indicator 4 ‘Offer a varied programme of activities’ we recommend:</p> <ul style="list-style-type: none"> A. Asking residents what activities they would like to do in the home and use their likes, dislikes, personality and life history to develop activities and an activities programme B. “Look at https://www.goldencarers.com/ for additional ideas of activities that you can carry out with residents in the home”.
3	<p>Our findings saw no evidence of how feedback is used to make improvements. Therefore, in accordance with indicator 8 ‘Be an open environment where feedback is actively sought and used’ we recommend:</p> <p>“Having a ‘you said we did’ board for both residents and staff feedback to demonstrate how giving feedback can make a positive difference”.</p>

4	<p>On our visit we observed that there was no access to an outdoor garden for residents. Therefore, in accordance with indicator 9 'Provide a physical environment which is suitable for the needs of the residents' we recommend:</p> <p>“Looking at making more use of the outdoor field for residents who would like to sit outside”.</p>
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It is also recommended that this report is shared with family members and interested parties, and for the home to encourage family members or visitors to the home to contact Healthwatch Rochdale direct if they wish to contribute any additional comments about the home or to this report.

Response from Provider

The provider acknowledged receiving a copy of the report.

Contact us



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



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