



Stockport Local Involvement Network

The Belmont Care Home, Cheadle

Care Home Visit

Wednesday 10th March 2010

A report compiled by the Stockport Local
Involvement Network

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What is the Stockport LINK?

The Stockport LINK is a network of groups and individuals from across Stockport coming together to ensure that health and social care services are planned and delivered to meet the needs of the people that use them.

The LINK will:

- **Find out what people like and dislike about health and social care in Stockport.**
We are always here to listen at the LINK Support Office, if you know of a wider health and social care issue in Stockport, let us know. The LINK is proactive in producing questionnaires and feedback forms that are circulated around the Stockport area for a wider balanced view.
- **Suggest ideas to help improve these services and consider specific issues of concern to the community.**
Because the LINK is made up of Stockport residents, these issues and the ideas to help tackle them are being formulated by you and people representing you. The LINK wants to hear about your experience of health and/or social care services in Stockport.
- **Visit premises in Stockport where care is provided or those providing care to Stockport residents.**
This is called Enter & View, and is undertaken by trained LINK members. Authorised LINK members can visit care premises to view the quality of care, write a report and feed back to both the organisation providing the care and the wider public.
- **Work with and influence those who make decisions about new services or existing services to help make them better.**
The LINK has the power to make statutory bodies listen; they are under an obligation to respond to LINK requests and reports within a given amount of time, meaning that the LINK can really make a difference.
- **Be flexible, providing many opportunities and different ways in which you can get involved.**
One of the great things about the LINK is that you can be as involved as much or as little as you like. From being a Core Group member, attending meetings, participating in Enter & View, participating in subgroups or you can simply choose to receive the Newsletter or provide us with your feedback. The choice is up to you.

Belmont Care Home, Cheadle

Wednesday 10th March 2010

Report from:	Stockport LINK Enter & View Team
Visiting Members:	Pat Hannah and Les Pattison
Report Date:	27 th April 2010
Subject:	Informal Visit
Appendix i:	Star ratings used by the Care Quality Commission
Appendix ii:	Home Information
Appendix iii:	Home Complaints Procedure

Introduction

The Belmont is situated on Schools Hill in Cheadle. The Belmont is a three storey detached property set within its own grounds, near to the village of Cheadle. The home is registered to provide care for up to 40 older people. There are three lounge areas and two dining rooms. Bedroom accommodation is provided on two floors and office space occupies the third floor.

There are 34 residents at present which consists of 28 women and 6 men.

The Care Quality Commission (previously known as the Commission for Social Care Inspection) carried out an unannounced inspection to the home in September 2009. The Commission gave the home 1 star. For Star rating please see appendix 1. For a copy of the Inspection Report please visit:

<http://www.cqc.org.uk/registerservicesdirectory/RSSearchDetail.asp?ID=0000060734&Type=CRH> or call the LINK Support Team to forward a copy by post.

No. of Resident Places:	40
No. of Places with nursing care:	none
Total no. of places:	The home is registered to take 40 residents but currently have 34.
No. of Staff:	24 Carers (3 at night), 2 domestics, 2 cooks, 2 kitchen staff, 2 laundry. There is a maintenance man on site.

Purpose of the visit

The LINK would like to acquaint themselves with the manager and staff of the establishment to build an effective relationship between the home and the LINK and view the quality of care received within the home.

Building and accommodation

There is a key-pad on the entrance that relatives know the code to and there is a magnetic lock. There is free access for visitors and the visitor's book is well used. There was adequate car parking and is easily accessible at the front of the building. The building itself is 200 years old and is the main house plus an extension. It was previously used as a children's home. The Enter & View representatives were met and offered refreshments by a member of staff before moving into the dining room to meet with Eileen Gill, the Deputy Manager.

There are only single rooms at the moment for a maximum of 36 residents but larger rooms could accommodate couples to extend the capacity to 40. There are no en-suite rooms, but there is a wash basin in every room. The rooms vary greatly, some are quite "homely" with the residents own furniture and belongings. Bedrooms in the extension of the building were generally not as good as those in the main house but refurbishment is planned. The decoration is a little tired overall but generally very tidy. The overall cleanliness is good - the team observed a cleaner working and were impressed. There was no smell and the bathrooms are clean. It was noted by the visiting team that the home could do with more walk-in showers. No clutter was seen, the public areas were clear and rooms are large for wheelchair access. Most radiators are covered.

There are both ground floor and first room floors. Two lifts are available to accommodate 3 people in each. Two areas have been identified for refurbishment. There is a lounge both on the ground floor and upstairs for private use with no television as well as a lounge for television viewing. The outside of the building is very presentable.

Residents are encouraged to use their own rooms whenever they want. Two residents were sat reading in their own rooms when the team visited. There are two lounge rooms on the ground floor one with television.

Visiting members were told the risk assessment policy is reviewed along with care plans. There are handrails on all walls.

Resident Engagement

Good interaction was observed by the team between staff and residents. Residents spoken to appeared to be happy and content with their treatment and the general care they have received. One staff member organises activities 3 to 4 afternoons a week. There are regular quizzes and musical entertainment as well as fund raising event and a summer fair. Residents were asked about activities and are involved in organising the programme. The programme was not available to view. There are books available for the residents to read.

Cheadle Church clergy visit the home as does a Roman Catholic representative with communion. There are no residents of other faiths at the present but this would not pose a problem. A hairdresser also visits the home.

Residents are encouraged to go out with friends and relatives and also on organised trips with a one-to-one ratio with staff.

Most residents like to spend most of their time in their own private rooms. There was not much enthusiasm for the activities although they are welcome. Residents are checked on every 2 hours.

Staff

The Care home has a good relationship with the District Nurses. It does not offer specialised care but would look after a client if terminally ill with help from the GP, social services and community nurses. They do not take a people with dementia but if a resident develops dementia once at the home, they can be appropriately cared for.

There is a Manager and a Deputy Manager (who is more hands on). There are 24 carers, 3 are on nights. There are 2 domestic assistants, 2 laundry assistants, 2 cooks and 2 kitchen staff. Most of the carers have been in post for many years and there is a low turnover of staff.

There is training available for staff to fit in with NVQs. They are also given Safeguarding Vulnerable Adults Training, training in catheter care, care of dying, and nutritional care and Dementia Care training from The Meadows. Many of their courses are bought in and the majority of their carers are qualified to NVQ level 3 or 4.

Nutrition and dining

There is a choice of breakfast cereals, fruit or a cooked breakfast. Most residents do not choose a cooked breakfast. Food is available in the dining room or residents can eat in their own rooms. There are two dining rooms and both are laid out well. One room has two staff present to help with feeding difficulties and other problems.

There is a five week menu and residents have input into the menu and snacks available. There is a choice of main courses. Changes are suggested to the menu, but the residents decided they liked the current menu so it stayed. Residents are weighed monthly (more if there is weight loss) as per their care plan. Nutritional drinks are available and special diets are catered for in conjunction with dietician input.

General Support

The home does not offer palliative care however staff have attended Care of the Dying courses.

Most residents are registered with a Cheadle GP after meetings with the doctor and home manager. At present the home is in contact with the practice to try to organise weekly visits. Whether the residents share a GP or have their own varies and the home is taking part in meetings at present about this. Residents can keep their own GP where possible. They do occasionally have difficulty with other GPs but have a good relationship with community nurses.

One resident said that they are not treated very well and was not very happy with the service received from the GPs. The resident said that the GPs moan about appointments. The practice manager is involved.

The Manager was not aware of the Dignity in Care Campaign and the LINK representatives said they will send the home information as they are interested in becoming Dignity in Care Champions.

The home offers respite care either from social services or self referral. Individual care plans are reviewed monthly with relatives input. General services are provided for example, a podiatrist and an optician visit the home.

Conclusion

The general atmosphere in the home is good, it appears that the staff try to make it the residents home. Due to the age of building, it has difficulties in many bedrooms

as they are not very modern. The main lounges and the dining room are in good condition.

The team obtained a copy of the complaints procedure, the Agreement and Statement of Terms for Residents and a copy of the homes' information which includes its philosophy of care, aim & objectives and information on social activities and services (Appendix 2).

The Manager feels that older people in care home have a poor deal with GPs. Many GPs are unwilling to visit the care home and some residents are not willing to change GP.

There are pre-assessment visits for residents. The home was very warm on the day of the visit and felt the residents were comfortable.

Recommendations

To The Home

1. The home sign up at least one member of staff to become a dignity in care champion.
2. The home to consider offering Palliative Care for residents within the home.
3. The home to display a LINK poster and materials to give residents, families and carers an additional voice in adding value to local health & social care services.
4. The home holds summer fairs and it was suggested that the LINK visit with a stall to let residents know about the organisation.
5. The LINK and the home to keep in contact with any health & social care issues that may arise.

To The LINK

1. LINK to look into problems with accessing GPs and liaise with Stockport Managed Care and the Local Medical Council.
2. The LINK to send the Belmont information on Dignity in Care Champions.
3. The LINK and the home to keep in contact with any health & social care issues that may arise.

The views in this report are of the collective team of Enter & View Representatives who visited Belmont Care Home and only apply to the day on which the visit was made.

Stockport LINK April 2010

Appendix 1 – Star Ratings Used by the Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

They regulate health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. And, they protect the rights of people detained under the Mental Health Act.

Following a key inspection of a service the Care Quality Commission publish a rating that describes the quality of care it provides.

The ratings scale is:

- 0 stars - poor
- 1 star - adequate
- 2 stars - good
- 3 stars – excellent

Inspection reports include a description of the outcomes that people using services should expect. They use the outcomes in the national minimum standards (NMS).

- When assessing the quality of care services the outcomes allow them to focus on the experiences of people who use services and what's important to them.
- They make judgments about the quality of services against each of the outcome areas. They then use these judgments to work out the overall quality rating for that service.

For more information about ratings or the national minimum standards please visit the Care Quality Commission website: www.cqc.org.uk

Or contact the Stockport LINK Support Team on 0161 477 8479

Appendix 2 – Home Information

To move from home into care is an extremely difficult decision to have to make. The reluctance to make the move, the uncertainty of what lies ahead and the fear of the unknown are all genuine and understandable concerns.



Here at Belmont, the staff are acutely aware of the problems such an upheaval can bring. They know that the atmosphere into which a person comes is as important as the care given. Retirement is just the start of a new way of living and life should be enjoyed.

Each resident is encouraged to be as independent as possible and still retain their privacy and dignity.

Trained help is always at hand in times of need and in a warm and friendly atmosphere, coupled with the peaceful surroundings, it is a home from home experience.

SOCIAL ACTIVITIES

We strive to bring happiness to all of our residents who are in our care.

We have our own programme of activities and entertainment. These are provided by both staff and outside services.

Residents are encouraged to take part in regular sing-a-longs and seasonal parties. Belmont has an open door visiting policy. We welcome visitors to participate in all of our activities.

Visits from the hairdresser and library service are also popular amongst the residents.



Anyone not wishing to take part has the freedom to return to the privacy of their own room. We find that conversations about the 'Good Old Days' are much appreciated by our residents.

Our residents are encouraged to continue with their religious beliefs and practices. Arrangements are made for visits from clergy of all denominations.

Meals are carefully planned to cater for all residents' tastes, likes and dislikes. We aim to combine favourite foods into well-balanced, nutritious diets. All meals are freshly prepared in our own kitchens by qualified experienced cooks. Special diets such as diabetic, high fibre, puree and vegetarian are catered for in conjunction with the advice from doctors and dieticians.



SERVICES

All outside services that residents need to make their life satisfying are arranged at Belmont. These include GP services, dentist, chiropodist and an optician. Also available are visits from speech therapists, dieticians and a continence advisory team.

Any specific service that is required that is not listed above, can be arranged by the Matron/Manager. For details specific to the home, such as accommodation facilities, please see our Statement of Purpose and Service User's Guide.

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Appendix 3 – Home Complaints Procedure

THE BELMONT CARE HOME COMPLAINTS PROCEDURE

If you have a complaint please approach the person in charge at the time.

If the matter cannot be resolve to your satisfaction please ask for a complaints form, from the manager Eileen Gill will address the complaint of her next day of duty.

You can expect acknowledgement of your complaint within 7 days and to have the matter dealt with and a letter to this effect within 28 days.

If you are not happy with the way your complaint has been dealt with or are unhappy or unsure about any aspect of the care that you or your relative is receiving you may contact the Quality Care Commission

Quality Care Commission
Second floor
Unit 1
Tustin Court
Portway
Preston
PR2 21A.