Enter and View Report
Pinetum

Care Home Contact Details:
Pinetum
Valley Drive,
Countess of Chester Health Park,
Liverpool Road,
Chester
CH2 1UA

Date of Visit:Thursday 24th May 2018
Time of Visit:10am

Healthwatch Cheshire Authorised Representatives (Ars):
Pat Clare,
Andrew Pleass
Pinetum Staff Present:
Sally Cooper – Registered Manager
June Carrick – Care Assistant (?)

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improves the service are made.

Contact Details: Healthwatch Cheshire, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

---

1. **Description & Nature of Service**
   Pinetum is a modern and comfortable purpose-built home located within the grounds of the Countess of Chester Hospital. We provide nursing, respite and day care for older people, including individuals who are living with early stages of Alzheimer's or other forms of dementia. We also offer specialist care for adults with complex care needs such as brain and spinal injury.

- **Group:** Care UK Nursing & Residential Care Services
- **Person in charge:** Sally Cooper (Home Manager)
  - **Local Authority / Social Services:** Cheshire West and Chester Council (click for contact details)
- **Type of Service:** Care Home with nursing – Privately Owned , Registered for a maximum of 45 Service Users
- **Registered Care Categories*:** Old Age • Physical Disability • Younger Adults
- **Specialist Care Categories:** AIDS/HIV • Cancer Care • Cerebral Palsy • Colitis &Crohn's Disease • Down Syndrome • Epilepsy • Head/Brain Injury • Hearing Impairment • Huntington's Disease • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Neuropathic • Orthopaedic • Parkinson's Disease • Speech Impairment • Spina Bifida & Hydrocephalus • Stroke • Visual Impairment
- **Admission Information:** Ages 55+.
- **Single Rooms:** 45
- **Rooms with ensuite WC:** 8
- **Facilities & Services:** Palliative Care • Day Care • Respite Care • Convalescent Care • Physiotherapy • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport •

Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room

- **Latest Care Quality Commission* Report on Pinetum:** click here

The latest Care Quality Commission (CQC) report, after an inspection visit on 9th March 2017, stated that the home was Good overall. It received a GOOD rating in all areas Effective, Caring, Safe, Responsive and Well-led.

The Pinetum website;

This displays a large amount of information around their 'principles of care' as copied below;

'Our team enjoys getting to know each person as an individual and creating personalised care plans that encourage people to live as independently and actively as possible. In our complex care suite, our highly skilled nursing and care teams provide around-the-clock intensive care and support patients to lead fulfilling lives.'

'We provide flexible care for older people who need some additional support during the daytime. We treat residents and day guests as family members and always aim to go that extra mile, for example by arranging special experiences and outings. The home also has a very friendly and sociable atmosphere – we always have a big welcome waiting for families, friends and any other visitors.'

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives ARs at the time of the visit.

4. Purpose of the visit

- To enable Healthwatch Cheshire Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles

- To capture the views and experiences of residents, family members/friends and staff

- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities

- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement

- To enable Healthwatch Cheshire ARs to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

On arrival Representatives were met by a member of staff, who asked us to sign in. She went to find manager. The manager, Sally Cooper was not expecting a visit from Healthwatch. We showed her a copy of the letter that had been sent from Healthwatch Cheshire. She led us through to the office and was happy to answer any questions we had.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

7. Summary of Key Findings

- The unit has 45 single rooms across two floors - 40 rooms were occupied at the time of our visit. 11 discharge beds are reserved for the Countess of Chester Hospital and managed by a community matron
- The visit took place at 10am. We didn't meet or see many staff (they were occupied in residents rooms) and saw no visitors
- The manager was open and informative. She answered all our questions fully and we saw no reason to doubt her responses. She escorted us round facility.
- The facility had a different mix of residents to what we were expecting - The broad mix of those needing high dependency care, and those needing residential care, meant that the service had different challenges to other we had visited.

- Sally, the manager told us that she has focussed on greater resident involvement and the resident can give feedback via questionnaires on a monthly basis. Also that bi-monthly resident /family member meetings are held she commented that these interventions had led directly to a recent overhaul of menus and food choice as well as starting some work on the production of 'life story' books for each resident.

8. Detailed Findings

8.1 **Location, external appearance, ease of access, signage, and parking -** Pinetum is a modern, purpose- built building in a secluded location off the Countess of Chester Hospital site. The signage to the facility was good from Valley Drive but the website does not suggest this access route in its directions. Representatives feel that signage from the main hospital site as the facility is difficult to find from the main site - *The postcode takes you to the main hospital site if using a sat-nav.*
There is a secluded, paved, level approach to the reception, with container plants in the courtyard. The parking area is to the side provides a number of spaces.

8.2 **Initial impressions (from a visitor's perspective on entering the home)** - The home has a secure, glazed entrance hallway, with a call button to access the care home. Representatives were met by a member of staff. Representatives asked to see the Manager Sally Cooper.
The reception corridor was clear of any obstructions and Representatives were asked to sign in the visitor's book. We noticed a number of statutory notices displayed in reception e.g. CQC registration certificates (Home and Manager), food hygiene rating etc. as well as a number of thank you letters and cards from relatives.

8.3 **Facilities for and involvement with family/friends** – We were informed that the home has open visiting hours and is flexible. Relatives are encouraged to visit at mealtimes. The visitor's kitchen area is located in the ground floor lounge. The home do Bi-Monthly residents meetings and relatives are invited to them.

8.4 **Internal physical environment -**

8.4.1 Décor, Lighting, heating, furnishing & floor coverings -

The home is well-lit by natural and artificial light throughout. The lounges are all carpeted with neutral colour walls and pictures/ photos (black and white) throughout. Dining areas have laminate type flooring and the tables have silk flowers on them. The Temperature felt pleasant.

8.4.2 **Freshness, cleanliness/hygiene & cross infection measures -** All areas were clean with no unpleasant smells. We were told by the manager that cross-infection prevention measures formed an extremely important part in staff training e.g. correct use of PPE.

8.4.3 **Suitability of design to meet needs of residents -** The home is on two levels, with wide corridors. There are accessible toilets, bathrooms and shower rooms on each floor. The home has four lounges, two on each floor, one with a piano. There is a dining room on each floor. The resident's rooms are off the corridors, most had their doors open. There is lift access to the first floor. Mobility and lifting aids were visible throughout but stored safely away from the main traffic.

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation -

All nursing and caring staff were seen in uniform, including the manager, and all wore name badges. A 'Gem' nominations box (nominations for outstanding staff) and display board (for staff members 'going above and beyond was visible.

The home has a total staff number of 101, which includes four unit managers, and 80 care staff. There are five male staff including one male nurse. They have four day nurses per shift and two nurses at night.
In-house care practitioner training is available. All nurses are specialist trained including in areas involving ventilator, tracheotomy, and spinal injury training.
Refresher training takes place four times per annum. Most training is provided by Care UK and meets their standards.
The manager described the rigorous and extensive interview process operated to ensure recruitment of appropriate calibre of staff which included:

- Pre-screening of candidates
- Interview by Manager or deputy
- DBS references for past 5 years and DBS risk assessment checks
- Six–month induction process including e-learning on care processes and certification, manual handling, lifting etc.

8.5.2 **Affording dignity and respect -** There are four high dependency beds on ground floor but many residents have high-dependency needs, majority have one to one nursing/caring.
Many staff seen in resident's rooms all appeared to be showing empathy and care.

8.5.3 **Calm, empathic approach to care giving** – All staff seen working appeared to show a caring and considerate attitude to residents.

8.5.4 **Attentiveness and pace of care giving** – This seemed good. Care staff seemed to be extremely attentive to resident's needs, No one appeared to be rushing and tasks appeared completed in a quiet orderly way without fuss.

8.5.5 **Effective communications – alternative systems and accessible information -** Notices and display boards were visible throughout the home.

8.6 Physical welfare

8.6.1 **Appearance, dress & hygiene-** Residents seen in the lounges were all nicely dressed in daytime clothes, clean and tidy. Many residents require nursing or specialist care - most high dependency and as a result the majority seen, were still in their rooms, mostly in bed.

8.6.2 **Nutrition/ mealtimes and hydration -** The two communal dining rooms are larger on the 1st floor were clean with plenty of room for wheelchairs. There is a three week menu rota; Representatives were told that the food is all freshly cooked on site and that home baking occurs daily. There is a choice of breakfast; porridge, cereals and a cooked breakfast.
For lunch and evening meal, the residents can choose a cooked or cold meal, (although Representatives noted that choices in relation to fresh vegetables and salads seemed limited). One resident complained about, *"Too much emphasis on sandwiches and no option of rice instead of chips with Chinese meals."*
Representatives were informed that the night staff bring drinks and snacks around if required by the residents. Snacks are not available to those patients on special diets in case they snack inappropriately. There is a drinks trolley in the morning and afternoons (non-alcoholic). Alcoholic drinks are available (subject to medication requirements) if requested.

8.6.3 **Support with general & specialist health needs** - Pinetum specialises in high-dependency care, with eleven beds used as discharge beds for the Countess Hospital. We were told that Community Matrons visit the discharge patients; that care and funding assessments are carried out by the NHS and local authority and that residents are visited by their local GP when required.

8.6.4 **Ensuring comfort -** The furniture in the four lounges was in good condition, there is a patio and garden area with shade available. There is a hairdresser and chiropodists who visit.
The home has well-appointed bath and shower rooms. A 'flat bed' bath trolley (similar to a bath chair but available for residents who can't sit unaided) and seated showers are available. There's a visitors kitchen so relatives can make a drink.

8.6.5 **Maximising mobility & sensory capacities** – Pinetum has Plenty of mobility equipment. A number of interesting displays around the home were noted by Representatives.

8.7 Social, emotional and cultural welfare

8.7.1 **Personalisation & personal possessions** - Evidence was seen of personal possessions in bedrooms. We were informed that residents are encouraged to bring in their own possessions – Sally's advice is to, *"Make it as homely as you want."* Some decorative personal door signs were seen.

8.7.2 **Choice, control & identity -** Most residents are high dependency, therefore, often have an inevitable limitation on choice and control. Three residents currently have DOLs with a further 17 applications pending via CWaC.
The home provides an end of life steps programme and advanced care planning.
Suitable residents are at liberty to go outside the home and one resident does so with the use of a powered wheelchair.

8.7.3 **Feeling safe and able to raise concerns/complaints** - Pinetum appears as a very secure nursing home, with plenty of staff on duty. Resident suggestion/complaints procedures are in place.

8.7.4 Structured and unstructured activities/stimulation – There are two dedicated activities staff Monday to Friday with Alternate staff each weekend. A weekly activities programme is in place.

• Knit and natter, flower arranging, visit to zoo for two residents on day of visit • Use booked transport • College volunteers and placements, • Kings school students visit weekly • Rainbow (young Brownies) visit and are very popular • Guinea pig in upstairs lounge, managers dog present • Garden activities • Carers will sit with and talk to bed-bound residents, play board games • Daily Sparkle- memory activities • Resident of the day – special attention paid, all care reviewed	

8.7.5 **Cultural, religious/spiritual needs** – We were told that these are tailored individually upon request by resident with local churches, mosques etc. There are no links to the COCH spiritual care team.

8.7.6 **Gardens – maintenance & design/suitability for use/enjoyment -** There is a large patio & garden area visible from lounges and is accessible from the ground floor. Some ground floor rooms open on to the garden, the garden has an attractive wooded area (outside boundary) which gives some protection from the noise coming from the busy road. At the time of our visit Representatives felt that the grass borders needed trimming.

9. Additional Areas of observation

9.1 Comparisons of observations against the providers website – Observations do suggest that statements made on the home's website reflect actual practice at the home. e.g. ***"The home also has a very friendly and sociable atmosphere."*** – **This appears to be the case.**

9.2 Comparisons with previous Healthwatch Visit – The last visit was in 2014 when the Healthwatch team were happy with the service they saw. They were able to interact with more staff than we did.

9.3 Comparisons with the most recent CQC report - This report was good and noted the improvements made since their previous report. All these improvements seem to be still in place.

- **9.4 Other observations/findings of note** –

  - The Care Home seems to be well run.
  - The manager has been in her position for three years and had been deputy before that. She really enjoys her job
  - Staff retention is good especially for nursing staff, who likes the variety of patient and nursing skills that can utilise.

10. Elements of Observed/Reported Good Practice

- Good variety of activities
- Staff motivation and recognition seems good
- Notice boards excellent (see picture)
- Resident of the day is a good idea to help residents feel cared for.

11. Recommendations

- The internal environment could be improved by introducing some simple changes –fresh flowers instead of silk and new more colourful pictures on the corridor walls

- Signage – to direct the visitor from the main hospital entrance to Pinetum.
- Re-visit menus -stress local fresh produce not just cooked on premises.

Feedback from Provider of Service
On page 7 it states that snacks re not available to patients on a specialist diet in case they snack inappropriately. Snacks are available for residents on all diets, I discussed that these are not left out in the dining rooms for patient safety but in the dining rooms we have signs which ask residents or visitors to ask staff if they would like snacks. Staff also have snacks for people on all diets available on the tea trolleys so that they can offer them appropriately to residents throughout the day. *On page 7 it says a resident complained about too much emphasis on sandwiches, I was there at the time she discussed this and she said that whilst I was off she was only offered sandwiches, on further clarification from your Representative she then said other meals were available but she chose sandwiches. The menu offers a full choice of 2 meals at each meal time plus snacks and sandwiches for residents who do not wish to have a full meal. She did comment on chips and we have addressed this with the kitchen and she has been offered rice or other alternates to chips with her chinese and indian meals.* *On page 9 it says that there are no links to the COCH spiritual team. We are a private provider so like other providers have no direct access to the hospital services, all referrals are done through the community channels.* *On page 10 it recommends signage from the main hospital entrance. This is not our property so we would be unable to do this.* *Also it states to re-visit menus with stress on local fresh produce. All our produce is fresh from our supplier and is delivered several times a week. At the time of the visit and discussed was the fact that the menus were in the process of being re-written after consultation with the residents and although we always served veg and fruit we have made the menu clearer in relation to the veg that is served with each meal.* **SALLY COOPER, HOME MANAGER - 10.07.2018**