# Enter and View Report -
# Stone House Residential Home

## Care Home Contact Details:

Stone House Residential Home
55/57 Cheyney Road,
Chester
CH1 4BR

## Date of Visit: Wednesday16th May 2018

## Time of Visit: 2pm

## Healthwatch Cheshire Authorised Representatives (Representatives):

Pat Clare,
Andrew Pleass

## Stone House Residential Home Staff Present:

Lisa Wilford –Registered Manager

**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

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1. **Description & Nature of Service** – providing full time residential care as well as respite and Daycare Stone House is an established privately owned Residential Home within one mile of Chester city centre and close to local shops and facilities. The home provides 35 individual en suite rooms.

    - **Owner:** Stone House Care Home Ltd
    - **Person in charge:** Lisa Wilford (Manager)
    - **Local Authority / Social Services:** Cheshire West and Chester Council (click for contact details)
    - **Type of Service:** Care Home only (Residential Care) – Privately Owned , Registered for a maximum of 35 Service Users
    - **Registered Care Categories:** Old Age • Physical Disability
    - **Single Rooms:** 35
    - **Rooms with ensuite WC:** 35
    - **Facilities & Services:** Own GP if required • Own Furniture if required • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room
      **Latest Care Quality Commission* Report on Stone House Residential Home:** The latest Care Quality Commission (CQC) report (20th December 2017) after an inspection visit gave the home an overall rating as Good and achieving a good rating in all areas -Effective, Caring, Safe, Responsive and Well-led.
      *(* Care Quality Commission is responsible for the registration and inspection of social care services in England.)*

**Webpage: Stone House has it's own webpage which displays** a large amount of information around their 'principles of care' as copied below:-

***"The first 6 weeks after a Resident enters the Home on a long-term basis, will be mutually agreed as being a recognised trial period. At the end of the trial period, the ability of the Home to meet the needs of the Resident will be fully considered by the Resident and the staff. Residents must be encouraged to bring personal possessions, including furniture (space permitting), with them into the Home.***
***Domestic routines must meet the needs and preferences of the Residents and not reflect administrative convenience. Rules relating to residents must be kept at a minimum, and independence will be encouraged, recognising that this may involve a degree of responsible risk-taking.***
***Residents are encouraged to continue active involvement with relatives.***
***Residents must be involved, as much as possible, in decisions concerning the way that the Home is run.***
***Residents must be addressed in the manner in which they choose. All complaints will be treated seriously and recorded. Residents must be made aware that they have the right to refer all unresolved complaints to the Care Quality Commission. The right to privacy in the Residents' own room must be recognised.***
***Residents have the right to meet with whom they choose in private, in their own rooms, or other suitable accommodation. A Resident has the right to refuse to see a visitor.***
***Residents who are deemed able to do so, must be given the option of retaining and administering their own medications, and be provided with a secure place in which to keep them.***
***It is necessary to recognise that each Resident is a person who individually should be supported by staff. This places an obligation on staff to encourage the exercising of choice by Residents and assists with the right to independence that Residents must experience. All Residents must have parity of esteem and be valued as people having their qualities and talents acknowledged. Each Residents right to privacy and dignity must be maintained."***

## 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 Representatives 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 Representatives 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 male member of staff, who asked to check our identity badges and then notified the Registered Manager, Lisa Wilford, of our arrival. Lisa led us to an adjacent lounge, asked if we would like a drink and was happy to give an overview of the care home and 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

- Near city centre location, yet secluded, with no discernible traffic noise from adjacent roads
- Spotlessly clean, well-decorated throughout, no unpleasant odours
- Experienced care home manager with 30 years experience in the profession
- Good staff retention rates
- Engaged with five residents and one visiting family member during visit
- All expressed high levels of satisfaction with the care home, the caring attitude and service provided by staff
- Good evidence during visit of activities provided for residents and their participation.

## 8. Detailed Findings

### a. Location, external appearance, ease of access, signage, parking

Stonehouse residential home occupies a city-centre location, near to the University campus and within walking distance of local shops and other facilities. The site occupies a street corner position with the entrance set back on the quieter of the two roads, accessed by a one-way system. With clear external signage, the home is fronted by a small parking area and paved terrace accessed by wheelchair ramps and separate steps. There is easy access by local bus routes.

Artificial hanging basket displays frame the front door, which is locked and a doorbell is used to request entry. The main entrance and frontage has a sunny aspect.

### b. Initial impressions (from a visitor's perspective on entering the home)

The male member of staff who answered the door asked to check our identity badges before letting us in to a small entrance hallway whilst we awaited the registered manager - Lisa Wilford.

CQC registration certificates are displayed in the hallway for the home and details of the registered manager.

The reception area was clean and fresh-smelling.

We were asked to sign the visitors book before being led by Lisa to an adjacent, keypad-accessed residents/reception lounge. The lounge; whilst small; was sunny, clean and comfortably furnished. It also contained a hoist to aid mobility. Lisa was happy to answer Representatives questions.

### c. Facilities for and involvement with family/friends

Visiting hours for family and friends are flexible and indeed, two family members arrived during our visit. Visitors are generally not encouraged at meal times. Whilst formal feedback meetings, for family members, are not held, Lisa explained that Stonehouse does run a comments box for residents and family members. She highlighted the adoption of 'day clocks' in each of the home's four lounges; showing day and date as well as time; as an example of improvements generated in this way. There is a small visitor's kitchen on the ground floor with some facilities but access is by keypad.

External telephone contact to residents is answered centrally and then a mobile phone taken to the resident accordingly. No I.T. facilities are provided, although one resident has an IPad and has access to the home's Wi-Fi network.

No overnight accommodation for visitors is designated although visitors are welcome to stay in the event of resident illness as required.

## d. Internal physical environment

### i. Décor, Lighting, heating, furnishing & floor coverings

The Home is carpeted, brightly decorated and well-lit throughout. All areas appeared spotlessly clean and pleasant. A variety of pictures, photos and other decorations are visible all over the home. An activities board near the dining-room and a rear lounge displays the activities programme for the week alongside a folder showing photos of past activities and a series of memory photo cards.
Memory photos are also displayed in the dining area.

### ii. Freshness, cleanliness/hygiene & cross infection measures

No lingering or unpleasant odours were detected. Hand sanitisers were available in the reception area. All communal lounge, dining, toilet and bathroom areas visited were clean.
Cleaning of vacant rooms and corridors was in progress during the visit.

### iii. Suitability of design to meet needs of residents

There are some restrictions on layout due to the age of the building. 15 residents' rooms are located on the ground floor along with all communal facilities. Corridors are narrow throughout, but all are well lit either by daylight or motion-sensitive lighting in internal areas.
Four lounges are available, three containing TVs and one designated as a quiet lounge.

Two separate bathrooms and shower rooms are available. One bathroom has a hydrotherapy bath which is booked on rota. There is a laundry room in the basement accessed by keypad, which we did not visit.
Rooms are numbered: the layout could be considered confusing, but room direction and number indicator signs were noticed on walls at key points in the corridors. Wheelchairs and plenty of walking aids were identified throughout the building. Two paved patios are available to residents: a central covered patio with one table and set of chairs and a sun terrace with several tables and sets of chairs.

## e. Staff support skills & interaction

### i. Staff appearance/presentation

Ownership of the Home changed in 2016 - having previously been owned by the present manager's parents. The current owner, who is based in the West Midlands, runs an additional care home in Stourbridge.
Lisa Wilford told us that she has worked at Stone House for 30 years having started as a Care Assistant and risen through Deputy Manager to her current position, which she has occupied for the last 16 years.
She told us that all care staff have minimum NVQ 2/3 qualification levels.

Daytime care is provided by four carers, one senior carer, one care manager and Lisa Wilford. Night time care consists of two care staff and a team leader, with Lisa on call.
The youngest staff member is 21 years old, the eldest 63. One male staff member is in place.
We were told that agency staff are only used in emergencies or to cover sickness.

There is no specific Activity Coordinator position. One staff member is allocated per week to cover/organise activities. Lisa says this works well.
All staff members observed wore uniforms and were well presented, clean and tidy.

**ii. Affording dignity and respect**

The male staff member was observed in a resident's room assisting a female resident with her mobility. He was calm, empathetic and encouraging in his use of language. Another female resident was having her nails painted in her room by a care assistant. Again, the assistant was calm, friendly and respectful.

To quote one resident, aged 92, unprompted – ***"They are lovely here."***
Another said, ***"My daughters are happy because I am safe here and they don't have to worry about me falling."***
Another commented, ***"I can speak very highly of it here. The staff are easy to get on with."***

**f. Physical welfare**

**i. Appearance, dress & hygiene**

There are currently 32 residents of which four are male. Ages range from 57 to 99 years of age. The residents we engaged with had lived in the home from between six months and 18 months. All residents we saw or engaged with, whether in their own rooms, in lounges or participating in the communal activity, were fully dressed, clean and tidy in appearance

**ii. Nutrition/ mealtimes and hydration**

Breakfast, lunch and tea can be taken in the communal dining area or in residents own rooms as required.
Breakfast was not defined, but 'all options' were said to be available

The day's lunch menu consisted of roast chicken or a vegetarian option with a selection of desserts. Non-menu choices were also said to be catered for. All food is cooked freshly on the premises.

- Menu rotation is 3-weekly.
- A cooked or cold tea option is available.
- Morning and afternoon tea/coffee is available.
- An alcoholic drinks trolley counter is available to residents but appeared to be by keypad access. A glass of wine is offered /

encouraged with Sunday lunch. One resident regularly enjoys a whisky night-cap.

Residents' quotes on food:

- ***"The food is great here."***
- ***"Lunch today was excellent."***
- ***"The food is very good here."***

**iii. Support with general & specialist health needs**

Medical services are provided by residents' own choice of GP. Other GP surgeries are available in Garden Lane nearby or Northgate Medical Centre. H. A. Cook is the nearest pharmacist. There is an impressive in-house pharmacy room with clearly labelled residents' medication on display, a locked cabinet with clearly labelled medication dosette boxes, (a pill organizer box labelled with date and sometimes time – pre loaded with medication required) containing up to one month's supply in a secure safe manner. Individual care plans are securely locked.

An equipped hairdressing salon is present. A hairdresser visits twice-weekly, a manicurist once per week and a podiatrist monthly.

**iv. Ensuring comfort**

All resident rooms seen, whether occupied or unoccupied, were clean, bright and comfortable. Two of the three TV lounges were seen to be in use during our visit. All bedrooms have TVs.
A relative quoted, ***"It's like a small hotel here."***

**v. Maximising mobility & sensory capacities**

As previously noted, mobility equipment and hoists were well in evidence throughout and obviously well used.

**g. Social, emotional and cultural welfare**

**i. Personalisation & personal possessions**

Resident rooms vary in size and location. Those seen were relatively small, but all were brightly lit, clean, comfortable and well-appointed. All are en-suite. All are lockable with own keys available.

Personal furniture is permitted but none was really in evidence during the visits. Personalisation of rooms largely consisted of small items - photographs and pictures.

**ii. Choice, control & identity**

No pets are allowed, although a PAT dog service visits regularly on Mondays. Smoking is allowed on external patio areas only. A residents roll call register and in/out board was clearly displayed alongside a staff duty register. Residents meetings are held every four to six weeks although are not formally put in the diary.

### iii. Feeling safe and able to raise concerns/complaints

Note previously quoted comments by residents about feeling safe.
A visiting family member was also asked whether she felt comfortable in raising any concerns and stated she was, "Quite happy for her aunt to stay here for her own peace of mind," and; although she had never had reason to; would feel that the staff were totally accessible for her to raise any concerns.

### iv. Structured and unstructured activities/stimulation

An externally-led music for health session was underway in the dining area during our visit. This was lively, clearly being enjoyed and was participated in by roughly half of the residents. An external entertainer visits each Wednesday afternoon.

An activities board was clearly displayed listing events for the week - including bowling and bingo. A buffet lunch was planned for the imminent Royal Wedding.

Two of the TV lounges were occupied, each with two residents, who were clearly comfortable with each other's company.

Staff members regularly accompany residents on external visits, using taxi services or public transport as necessary.

One resident likes to go out by herself and is comfortable in doing so unattended.

### v. Gardens – maintenance & design/suitability for use/enjoyment

There are no gardens as such but as previously mentioned two paved, safe, unobstructed patio areas each with a variety of container or artificial plants

## 9. Additional Areas of observation

### a. Comparisons of observations against providers website

Authorised Representatives' observations were largely in line with Stonehouse's website although current staff levels, whilst appearing to be sufficient, were at odds with the numbers listed on the website. In particular there is no formal position of activities coordinator - the last one is said to have left approximately three years ago.

### b. Comparisons with previous Healthwatch Visit(s) where applicable

The previous Healthwatch visit in August 2016 reported a positive feel to the home which was certainly repeated on this visit. Residents and staff meetings are now in place although there are still no formal meetings for relatives.

Decoration throughout the home and state of repair is good. In contrast to the previous visit, interaction between residents appeared to be good on this occasion.

**c. Comparisons with the most recent CQC report**

No discrepancies noted.

**d. Other observations/findings of note**

A call aid system is clearly visible and in use throughout. Fire precaution and evacuation procedures appear to be thorough and clearly visible. An unscheduled evacuation was said to have taken place during in March 2016 during an earlier previous CQC Inspection, which was undertaken efficiently and was subsequently found to be the result of a false alarm

Whilst residents were said to have unrestricted access to a number of facilities such as patio areas, visitor kitchen and the drinks trolley, the use of keypad locks seemed to be prevalent throughout the building - which may prove an obstacle to residents with limited mobility or dexterity.

Additional comments from a relative visiting her aunt who has been in the home for 12 months. The relative's parents had previously lived in the home before passing away. ***"You can't beat it. It's the best home around here. My aunt has gone up a dress size since she's been here. She can't refuse extra portions. It's always spotlessly clean. The staff are great."***

**10. Elements of Observed/Reported Good Practice -**

Outlined in the report

**11. Recommendations -**

Consider contact with University of Chester for volunteer opportunities for students in Health and Social care disciplines Healthwatch Cheshire may be able to provide Lisa with contact details due to its association with the University in this regard.

| Feedback from Provider of Service |
| --- |
| ***"We were more than happy with the arrangements before to the visit. We had received a letter prior to the visit stating Healthwatch were due to visit May, June 18.***<br><br>***Reading the draft report was very positive and lovely comments from a resident who live at Stone House. Lovely comments from a resident's niece, to hear good positive comments like this makes are work worthwhile and rewarding.***<br><br>***A comment from one of the residents who Pat Clare and Andrew Pleass (Healthwatch) spoke with said they were both very polite and nice people. During their visit Pat Clare and Andrew Pleass -I can confirm they both were very polite and complementary about our home and the feedback received has given us at Stone House reassurance to know we provide good care to our residents." - LISA WILFORD (MANAGER)*** |