Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	**Whetstone Hey** **Old Chester Road** **Great Sutton, Ellesmere Port** **CH66 3JX**
Date and Time	**26th February 2018**
Authorised Representatives	**Andrew Firman and Pam Hunter**
Staff Present	**Lorraine Hicklin - Manager and Tina Howard - Home Services Manager**

Background

Healthwatch Cheshire CIC is the consumer champion for health and care services. It works as an umbrella organisation for both Healthwatch Cheshire East and Healthwatch Cheshire West and Chester. We gather the views of local people and look at information about how well local services are performing. We then use that information to assist residents and communities to be listened to by the organisations that provide, fund and monitor services.

What is Enter & View?
Enter and View is part of the local Healthwatch Cheshire CIC programme. The Health and Social Care Act (2012) grants local Healthwatch representatives powers of entry, allowing them to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, dental surgeries and GP practices.

Purpose of the visit

As part of the work plan agenda for this year Healthwatch Cheshire CIC continue their work in monitoring Nursing and Care provision across the area.

This work has the full support of Health and Local Authority commissioners.

With this in mind, throughout the year, we visit a number of establishments with the intention of observing settings from a family perspective and gathering feedback from service users, relatives and staff. This report is based on these observations and conversations.

Highlights from the Visit

- The home feels bright, light and airy. The communal areas seem spacious and uncluttered. While the décor could benefit from some updating in places the home is kept clean, tidy and generally smelling fresh.
- A highlight of the visit was the positive impression resident gave us of the kitchen team, the food and mealtimes at the home.

General Information

Whetstone Hey is a purpose built home registered to provide residential care for older age and physical disability (not nursing care). The home has 41 bedrooms, two of which are en-suite. The home can provide respite care if beds are available.

The home has recently had a change of provider from CLS/ Belong Care, to Croftwood Care/ Minster Care Group. The new providers registered with CQC on 30th October 2017 and the home has not yet been inspected.

There is some confusion about which organisation is the overarching lead organisation. One with website information given under Minster Care but labelling at the home itself saying Croftwood Care and CQC saying the home is run by Croftwood Care (Cheshire) Limited.
Staff spoken to at the home were themselves also unclear about this.

Minster Care has only recently taken over the service. On their website the company states their mission is: ***"… to provide a Home that feels like a Home. We offer a comfortable and homely environment where Service Users can enjoy a good quality of life and be supported to make their own choices. We will provide a safe, friendly environment where the care is person centred and we celebrate the diversity of our Service Users. We aim to provide care for the whole person and maximise their potential, physically, emotionally and spiritually."***

Healthwatch Cheshire Representatives were keen on this visit to see how this mission statement is delivered at the home.

The home is located in a residential suburb of Ellesmere Port close to local shops and bus routes to Ellesmere Port and Chester.

The home manager is Lorraine Hicklin, who has only been in post here since January but has worked as a deputy manager in a home close by and run by the same organisation.

There is a staff team of about 45 including a deputy manager, a home services manager (including home administration duties), care team leaders, seniors, carers, domestic/kitchen staff and a maintenance man. Most of the staff are part time to allow for flexibility in covering shifts and to avoid the use of agency staff.

There are currently three night shift vacancies and two day time positions which are appointed to but awaiting employment checks, one of these being the activities coordinator post.

Environment

Whetstone Hey is a two storey building, purpose built as a residential care home in the 1970s. The building is in need of some attention in places - e.g. some of the windows are still single glazed and from the exterior have signs of flaking paint.

Some areas within the home are in need of refurbishment. We were told that the home does not have its own budget for this type of work and makes specific requests as needed for consideration by the area manager.

The reception area can be entered from the front and rear of the building (small dedicated car parking area at rear). On arrival at the entrance door the main door was locked. There was a doorbell and a keypad but no notices to inform an unfamiliar visitor what to press. On pressing the doorbell twice there was no response from within and a staff member coincidentally passing the door with a trolley eventually opened the door.

Representatives announced themselves and asked if they could see the manager. We were given directions to the manager's office but not accompanied into the home. The office did not have a label indicating whose office it was and as such was confusing to visitors.

A visitors book was available in the reception area, however,representatives were not asked to sign in upon entering the building.

The manager herself was very welcoming and helpful but the initial meet and greet was a little confusing with us having to go on an office hunt.

Residents' bedrooms are equally divided between the two floors and there is lift access between them as well as stairs. There is pictorial signage on communally used rooms to aid those residents with failing memory.

Both floors have two lounge areas, one with television and one without. The lounges also vary in size allowing for smaller areas with a more homely feel. There was a variety of comfortable armchairs in the lounges.

There were three or four residents in each of the lounges although there was little interaction observed between themselves or between staff and residents. We were informed that some residents prefer to stay in their own rooms watching television or listening to the radio/music on their own. We did not see any activities taking place during our visit.

Throughout the home there are large paned windows giving a lot of natural light. This was also the case in the one vacant bedroom we saw. The room had windows on two outward facing walls and was bright and spacious. Carpets were clean and the room smelled fresh. We were told that residents can bring their own furniture and television but must make own arrangements for satellite or cable signals.

Only two bedrooms have en-suite facilities but there are ample communal facilities e.g. the first floor had eight toilets. There was a variety of communal bathrooms with level access showers or baths with a range of hoisting options. The bathrooms were spacious and all observed were clean and clutter free.

There are three dining rooms, one large room on the ground floor and two smaller rooms on the first floor. Residents can choose where they want to eat and who they sit with. On

the first floor one dining room was set for the main meal of the day with white linen table cloths, cutlery, glasses and menus detailing the week's choices (see section on food and mealtimes).

Outside there are garden areas and a paved patio area, which is also the smoking area for residents. We were informed that the residents do not use the garden areas much and are not involved in gardening activities at the moment although a gardening club was mentioned.

Maintenance of the gardens is outsourced to a contractor, and on our visit they looked very well maintained.

Health and Wellbeing

Care - Funding arrangements for residents at the home were a mix of self-funding and local authority funding with 38 of the 41 beds occupied at the time of our visit.

The home is not registered to provide dementia care, although some residents do have early onset dementia. The home tries to continue to support these residents as long as possible. We were informed that the previous manager had applied for registration for dementia care but this is not currently in place.

The new provider organisation has introduced new resident assessment forms from which is built an individualised person centred care plan including all care needs as well as personal information about their previous occupations and hobbies. Every individual has a nominated personal care worker and a senior staff member who acts as key worker.

Residents can access their own GP and other visiting professionals e.g. Chiropody, Optician.

Staffing - The home manager, Lorraine, was most helpful during our visit giving us her time to explain how the home operates. However, she is very new into her post (January) and she was not aware of Healthwatch or aware that we would be visiting.

Lorraine has the added responsibility of being the new manager at the same time as the home itself is changing to a new provider, which is bringing in some new ways of working. Lorraine said she felt well supported by her line manager who was visiting weekly at the moment and by her mentor who was her manager in her previous job.

Before the new manager was appointed an action plan had been set up highlighting issues to be addressed by the new manager on appointment. We were told that Lorraine is currently addressing these as well as finding out for herself what needs to be in place.

Lorraine said that staff support needed to be addressed and she is implementing a new supervision structure with each person receiving supervision bi monthly (a structure defined by the new provider), which will increase supervision sessions for all staff.

We were told that there had been an increase in staff turnover in the last twelve months (eleven staff leaving) for a variety of reasons, including changes to systems and structures with the new provider.

Staff undergo a programme of training, much of which is delivered via a new e-learning package e.g. safeguarding training.

A member of staff informed us that, ***"We have moving and handling training every three years."***

Complaints - Lorraine said that there was a folder in reception and a post box for residents/relatives to post any comments. The organisation had a procedure to follow if a complaint is received.
Representatives understand that resident/relative meetings are held every two months (another new structure defined by the provider).

Tina Howard, home services manager, informed us ***"We try to deal with any issues or comments in a timely way before they become complaints."***

The home undertakes satisfaction surveys; which are then published on the website. Representatives observed a notice board in reception displaying information about a *'you said, we did'* initiative although the details of this were hidden behind a board advertising a bingo session. We did not see evidence of this being followed.

Food and mealtimes - Representatives spoke with Deborah, one of the three cooks at the home who said, ***"I have the best job in the home"***, ***"I love it"***.

Deborah has worked at the home for ten years and says she enjoys giving an individualised service - spending time each morning talking with the residents about what they would like; trying new things out and then at the end of the day, spending time after her shift has finished to speak again with residents to find out what they think about the food she has cooked. She then adapts as necessary. ***"I'm constantly fiddling with the menu"***

Deborah knows if residents need special diets e.g. a lady with gluten sensitivities and goes above and beyond to find meals she can eat and enjoy. She also said that getting portion size right for individuals is important too.

Deborah has introduced mealtime initiatives like 'Saturday night take away' where a take away meal is replicated.

The menu is on a four weekly rotation. There is a two course hot breakfast if wanted, lunch time sandwiches or a hot meal and a hot pudding. The main meal of the day is served at 4.30 p.m. based on research about digestion and people settling better in the evenings if they eat at this time. There is also a supper trolley.

The home has a 'marvellous mealtimes' initiative, which surveys residents and visitors about food and mealtimes. This is carried out bi monthly.

Residents/relatives we spoke to commented positively about the food:

- ***"The food is very good here."***
- ***"I enjoy mealtimes here."***
- ***"My dad likes the food, I haven't had any of it myself."***

Activities and Community Links

There is an activity coordinator post at the home but the latest post holder left just before Lorraine started. She has recruited into the vacancy but the person has not started yet. Someone is currently covering the post in a dual role.

Representatives did not observe any activities taking place during the visit.

Lorraine said that the type of activities in the home were arts and crafts based, also people can visit the local pub, walk to a nearby garden centre and last week an afternoon tea had been organised.

We observed a notice advertising Bingo on the 26th March.

Lorraine said the activity coordinators struggled to engage people in activities and commented that, ***"Residents often choose to stay in their own rooms and watch TV."***

Tina Howard the home services manager who has worked at the home much longer than Lorraine agreed that it was a struggle to engage and motivate residents commenting that ***"People like their own routines and structure."*** She also felt that as people were, ***"More frail and less independent it was more difficult to go on outings as it had been in the past."***

One resident we spoke with said, ***"I would like to go out more,"*** but felt there were not the staff to take him.
One popular activity is the visits to the home's salon of a hairdresser who comes three times a week. We did not see the salon but Lorraine commented that it needed an upgrade.

There is an open door policy for family members and visitors who are welcome to take their relatives/friends out on visits.

Feedback

Representatives spoke with one visiting relative and with several residents.

One individual came to the home three days a week and occasionally stayed overnight. She said, ***"I have been coming here for about two years, I am treated very well."*** When asked about activities she said, ***"The television is always on and I bring in my knitting and puzzle books,"*** she also commented that, ***"The food is very good."*** Another resident when asked about the staff said they were, ***"Variable!"*** He said [he] ***"Would like to go out more."***

One visiting relative said, ***"It is good, dad likes it here."***

Additional Comments

In the reception/foyer of the home were copies of a newsletter entitled 'MinsterLife'. The newsletter was a bright and colourful publication from the Minster Care Group and was a representation of good practice stories from the organisation's homes around the country.

It was only the second issue to be published but seems a positive initiative from the organisation to share good practice and give all homes new ideas and provide links for support e.g. between activities coordinators in other homes.

Whetstone Heys' own website page has not yet been updated with the new manager's details but there is a newsletter section detailed with three editions published - the last one being in September. The newsletter has some good ideas but is a little repetitive. It has a 'you said, we did' section which is a good idea but it was not populated. Perhaps this could be developed further in the future.

IN RELATION TO THE COMPANY MISSION STATEMENT - Representatives and comments collected from residents, relatives and staff do seem to indicate that the home is fulfilling the aims as set out as its mission statement. However; in terms of the range of activities on offer at the home, Representatives' opinion is that in order to maximising the potential of residents; ***"physically, emotionally and spiritually;"*** the home has still a little way to go to achieve this. We hope the new manager is supported in steering the home in a forward direction.

Suggestions for improvement

Representatives felt that there was a lack of activity and stimulation for residents. Televisions were on in some lounges but little social interaction was observed between residents or between staff and residents. Therefore our main recommendations relate to this:

- Activities within the home need invigorating, hopefully the new activities coordinator will bring fresh ideas of how to engage with residents and create a more stimulating environment. Links with other activity coordinators in the organisation may support this process.

Other suggestions:

- Notice with doorbell instructions near entrance
- Meet and greet/ welcome protocols need improvement.
- Re introduction of the Whetstone Hey newsletter could help promote and communicate good practice.

(Due to recent changes in provider and in home manager together with lack of activity coordinator this may not be a true impression of the home's potential and aspirations. It may be advisable to revisit once the manager has had an opportunity to settle in to her role and implement changes.)

Feedback from Provider of Service

At time of publication - no feedback received.