Enter and View Report

HILLCREST CARE HOME

Hillcrest
Manley Road
Frodsham
WA6 6ES

Date of Visit: 5th February 2019

Time of Visit: 10.30am

Healthwatch Cheshire Authorised Representatives (ARs):
Elizabeth Bott, Pat Clare and Andrew Firman.

Staff Present:
Julie Wade, Deputy Manager.
Heather Wallace, Activities Co-ordinator.

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 improve the service are made.

Contact Details:
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1. **Description & Nature of Service**

   Group: Fox Covert Care Homes

- **Person in charge:** Lorraine Purvor (Care 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 32 Service Users
- **Registered Care Categories*:** Dementia • Old Age • Sensory Impairment
- **Specialist Care Categories:** Alzheimer's
- **Admission Information:** Subject to assessment of care needs. Ages 65+.
- **Single Rooms:** 30
- **Shared Rooms:** 1
- **Rooms with ensuite WC:** 20
- **Weekly Charges Guide:** Personal Care Single £650 – £845, Personal Care Shared (per person) £550 – £595 (These prices are only a guideline, please contact Hillcrest to find out the exact price for your requirements.)

- **Facilities & Services:** Day Care • Respite Care • Own GP if required • Own Furniture if required • Smoking not permitted • Near Public Transport • Lift • Stairlift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access
- **Directions:**
- From the centre of Frodsham drive up Church Street and proceed for about half a mile. Turn right on to Manley Road and Hillcrest will be found 200 yds on the left, reached by a private drive.
- **Visiting:**
- Visitors welcome at any time but it would be helpful to avoid meal times. A member of the Management Team will be present to answer queries during office hours. At other times a Senior Carer will be happy to show visitors around.
- **Parking:**
- The car park has space for 14 cars.
- **Latest Care Quality Commission* Report on Hillcrest:** click here
- ** Care Quality Commission is responsible for the registration and inspection of social care services in England.*

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 HWC ARs at the time of the visit.

4. Purpose of the visit

- To enable Healthwatch Cheshire ARs 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 ARs were met by the Activities Co-ordinator, Heather Wallace, who was welcoming and open. She led us through to the office to meet the Deputy Manager, Julie Ward, and provided us with a drink. We were given a briefing on the home and any questions we had were readily answered.

6. **Methodology**

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

- 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**

• A homely, caring facility with a calm feeling
• Emphasis on resident-centred care – "our aim is to make our residents happy"
• Residents living with the early stages of dementia referred to as "pleasantly confused"
• Loyal and committed staff team with a good level of skills training.

8. **Detailed Findings**

8.1 <u>Location, external appearance, ease of access, signage, parking</u>

- Hillcrest is a large house on a hill overlooking Frodsham. It sits next to residential housing and is located on a quiet road. There was a sign to the house from the road and it is approached up a sloping road. The external appearance was attractive and seemed to be well maintained. There is a small car park at the side of the house (8 spaces)
- There was no evidence of local amenities without transport into Frodsham. The house is surrounded by well-kept attractive grounds.

8.2 <u>Initial impressions (from a visitor's perspective on entering the home)</u>

- There are steps up to the front door with a push bell, which was promptly answered. We were welcomed and asked to sign the visitors' book. We were offered a drink, which we accepted
- The area was small and busy but looked attractive (see below).

- The Healthwatch letter about this visit was on view. There was a list of staff and staff on duty that day. The area was being attractively decorated for Valentine's day by the Activities Co-ordinator
- We asked to see the Manager but she was on holiday so we met Julie Wade, Deputy Manager. Julie was welcoming and gave us as much of her time as we needed.

8.3 Facilities for and involvement with family/friends

- There is open visiting but preferably not at meal times. There is a visitors' kitchen in the Dementia Care Unit with kettle, fridge, and microwave.
- There is a family meeting each year. The management feel they are approachable so more frequent meetings have not been requested.
- Residents can be contacted by phone and separate telephone points are available in rooms if the occupant wants to pay to have a private line. Internet and an iPad are available for residents to use.
- A TV point is available in each room.

8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

- All areas appeared to be clean, well-lit and airy.
- There is a rolling programme of refurbishment. We saw some newly decorated bedrooms and one empty room that looked in need of redecoration. We were told it was due to be refurbished. The main front lounge has been recently decorated and looked very welcoming and comfortable
- Most floors were laminated

- Bedrooms were of various sizes but looked bright and warm. One larger room at the front with large windows felt cooler but we noticed that a portable radiator was available
- The décor in the Dementia area was specific to the residents, with different coloured doors each with a number, photograph and name of occupant. A coloured label identifies the mobility of the resident (in case of emergency evacuation)
- The corridors in this area were particularly attractive with postcards and a seaside theme

- The dining room and conservatory were bright and pleasant. The dining room was laid for lunch and the layout facilitated wheel chair access (see below).

8.4.2Freshness, cleanliness/hygiene & cross infection measures

- There were no unpleasant odours
- We saw one vase of fresh flowers and daffodil bulbs. Other indoor plants were plastic/silk
- All rooms had hand sanitisers, gels and paper towels. All communal toilets and bathrooms were clean.

8.4.3Suitability of design to meet needs of residents

- The design of the building means that corridors can be narrow. If residents' mobility deteriorates, they are moved to the ground floor
- Residents are encouraged to mix and use the dining room for meals (meals can be taken in own rooms)

- Activities are also available to all and mixing is encouraged
- Hoists were seen.

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

- We spoke to one of the cleaners, two cooks, the handyman (who works 3 days a week), the accountant, three health care assistants, and the activity co-ordinator (who works 5 days a week) as well as the Deputy Manager
- All staff were well-presented and seemed happy in their work Staff turnover is low. Agency staff are rarely needed or used
- The manager has been in post for 4 years, the deputy for 12 years, and the cook, Karen, for 6 years
- We were told that the owner of the home takes an active interest, usually visiting twice a week.

8.5.2 Affording dignity and respect/Approach to care giving

- 5 care staff work during the day and 3 at night. Nightime checks are carried out every two hours
- Two of the current 25 residents are men and one day time carer is male. In order to ensure resident choice, we were told that an additional male carer has been recruited to work on the night shift
- We were shown a comprehensive training matrix and Induction Pack demonstrating the home's commitment to quality training for its staff during work time. Almost all staff are qualified at level 2 or above. The top floor flat is used for training as well as storage
- We had limited conversations with residents but those we spoke to felt well looked-after and enjoyed the food
- Although the home is not registered for nursing care, we were told that a 105 year old resident was nursed at the home until the end of her life, rather than her having to move to another facility.

8.5.3 Effective communications – alternative systems and accessible information

- Although the staff do not wear name badges, names and photos are on display in the reception area
- Generally, signage is limited, but toilets, bathrooms and emergency exits were well-signed
- All staff communicated well with residents, helping them to interact with each other.
- All bedrooms as well as communal areas have a picture to say what that room is, all bedrooms have a picture on the door of the bedroom this is so that residents can recognise it as being theirs.

8.6 Physical welfare

8.6.1 Appearance, dress & hygiene

- All residents were clean and well dressed. Both baths and showers are available
- A 5-star food hygiene rating has recently been re-confirmed.

8.6.2 Nutrition/ mealtimes and hydration

- The main meal is provided at lunch time, each resident is offered a choice and we cater for each individuals need /requirements, then a lighter meal is offered at tea time this may vary from sandwiches, tea cakes, crumpets, soup etc not soup and sandwiches every night.

- The 4 tables were attractively laid with tablecloths and napkins plus condiments. We did not observe the meal being served but saw the menu for the day (Chinese New Year special)

- The cook commented that one lady enjoyed finger food so Chinese snacks were on the menu for tea
- We saw charts showing that the weight of residents is monitored and that supplements are available if needed.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

- Local GPs visit fortnightly or more frequently if required. Physiotherapy and other support services are available from the local surgery

- An advanced nurse practitioner visits every fortnight
- A hairdresser visits weekly and the chiropodist every six to eight weeks, both using the dedicated salon at the home.

8.7 Social, emotional and cultural welfare

8.7.1 Personalisation & personal possessions

- Residents can bring their own furniture if they want. We observed photographs and ornaments in rooms. No one has requested to bring a pet.

8.7.2 Choice, control & identity

- No smoking is allowed indoors but residents may smoke in the garden area. Alcohol is allowed
- Residents may have pocket money. This is usually spent in the "shop" set up by Activities Co-ordinator, Heather, and for the hairdresser. We observed one lady accessing her money to go out with a carer. All transactions are double signed
- Communal newspapers are provided but residents may order and pay for newspapers or magazines, if they wish.

8.7.3 Feeling safe and able to raise concerns/complaints

- We were told that although there is a complaints procedure it was usual for any concerns to be resolved by discussion with relatives.

8.7.4 Structured and unstructured activities/stimulation

- We saw three lounges all with TV turned on
- In their lounge, residents living with dementia were clearly enjoying cuddling a variety of dolls. Two carers were sitting with and chatting to the residents
- We spoke with the enthusiastic Activities Co-ordinator, Heather, who has organised a wide range of activities. She works in a flexible way five days a week with occasional weekend activities. Residents enjoyed a local school choir visiting at Christmas and a local teashop mounting an afternoon tea experience. The Activity Co-ordinator attends a monthly meeting with other Activity Co-ordinators to gain ore ideas with regards to activities and stimulation.
- Heather continues to maintain a social media link on Facebook and has an impressive folder of photographic records of past events and activities
- A local volunteer visits once a week bringing extra capacity.

8.7.5 Cultural, religious/spiritual needs

- The Activity Co-ordinator is awaiting a reply from local churches to visit and offer communion and church services in the home and in the community

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment

- The gardens at rear of property looked attractive with ample new seating. The area is maintained by a gardener

- Some rooms have a patio door on to the garden.

9 Additional Areas of observation

9.6 Comparisons of observations against provider's website

- This appears to be largely accurate a new and updated website will be available from the end of March
- We were told that 20 of the 31 rooms were en-suite: the website says 'the majority' are en-suite.

9.7 Comparisons with previous Healthwatch Visit(s) where applicable

- The previous report in August 2016 is a very comprehensive 5-page document which largely describes what we also observed
- Recommended hand gel dispensers are now in place.

9.8 Comparisons with the most recent CQC report

- Latest report in June 2017 found 'good' in all categories. This is consistent with our lay observations.

9.9 Other observations/findings of note

10 Elements of Observed/Reported Good Practice

- Attractive entrance area and creative corridor decoration
- Dedication to providing high quality care.

11 Recommendations

• Discussed with Deputy –contact other facilities who care for patents with dementia to identify new and different ways of involvement and stimulation.
• Aim to improve a good facility and make it even better.
• Provide additional support for the Activities Co-ordinator including access to national publications.

12 Service Provider Response

Feedback from Provider of Service
To be completed prior to publication from comments received from feedback form. Thank you for the positive report. Julie Wade Deputy Manager