Enter and View Report
The Old Rectory

Care Home Contact Details: 01513397231
Rectory Lane
Capenhurst
Chester
CH1 6HN

Date of Visit: 6th December 2018

Time of Visit: 2pm

Healthwatch Cheshire Authorised Representatives:
Christine Banfi and Joanna Brookes

Staff Present: Elaine Plumb – Deputy 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 improve the service are made.

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

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1. Description & Nature of Service

Details of home: Old Rectory Ltd (Taken from Care Home UK)

Person in charge: Claire Iveson (Manager)

Local Authority / Social Services: Cheshire West and Chester Council

Type of Service: Care Home with nursing – Privately Owned, Registered for a maximum of 35 Service Users

Registered Care Categories*: Dementia • Detention Under Mental Health Act • Learning Disability • Mental Health Condition • Old Age

Specialist Care Categories: Alzheimer's • Bipolar/Manic Depression • Challenging Behaviour • Down Syndrome • Multiple Sclerosis • Parkinson's Disease • Stroke

Admission Information: Ages 60+.

Single Rooms: 35

Rooms with ensuite WC: 0

Facilities & Services: Respite Care • Convalescent Care • Own GP if required • Own Furniture if required • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Television point in own room • Residents Internet Access

Directions:

Set in the village of Capenhurst 2 minutes drive from the A41

Latest Care Quality Commission* Report on The Old Rectory: Carried out November 2018 described the home as requiring improvement.

https://www.cqc.org.uk/sites/default/files/new_reports/INS2-5710819391.pdf

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 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 we were welcomed by Elaine Plumb, acting manager. We were taken to an office and offered tea. There was hand wash and a visitor's book in the foyer. There was a display on the wall waiting for activities information to be added. There was a drugs round taking place - the nurse was wearing a do not disturb red tabard. The atmosphere was calm and peaceful. There were no obvious odours. There was a display of staff members' photographs in the hallway so that visitors could identify who was on duty. This appeared up to date. We were told that 5 care assistants and 2 nurses were present each shift. Representatives met with Elaine Plumb, deputy manager. (The registered manage, Clare Iveson, is currently on maternity leave.) Elaine told us she had worked at the home for 20 plus years and was happy with the progress they have made in that time. Doctor Kumar was on the premises but involved in a meeting with Mr David Hall, Independent Management advisor. However he waited to speak to us and was happy to hear any suggestions that we had. Elaine combines her two roles of care worker and relief manager. She said they sometimes struggle to find staff and use bank staff and sometimes agency staff. The home is

on three floors. The top floor is mainly offices and store rooms. The middle floor has primarily bed fast clients in comfortable airy rooms with reasonable views.

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

- Pleasant atmosphere, staff and residents interacting
- Improvement work on going – New flooring and rooms being refurbished.
- Residents, relatives and friends happy with the service.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

The outside drive area has potholes etc but Elaine told us these were filled in on a regular basis however delivery vehicles cause the problems to reoccur. The large garden area looked tidy. The ramp at the side of the building looks steep but when we arrived a portable ramp was in place at the front door to accommodate a visitor in a wheelchair. There is plenty of parking.

8.2 Initial impressions (from a visitor's perspective on entering the home)

We were taken to an office and offered tea. There was hand wash and a visitor's book in the foyer. There was a display on the wall waiting for activities information to be added. There was a drugs round taking place - the nurse was wearing a do not disturb red tabard. The atmosphere was calm and peaceful. There were no obvious odours. There was a display of staff members' photographs in the hallway so that visitors could identify who was on duty. This appeared up to date. We were told that 5 care assistants and 2 nurses were present each shift. We noticed a piece of art that had been done by the

residents and staff where handprints had been used to create a flower. This was very effective and was to show how staff and residents were bound together.
8.3 Facilities for and involvement with family/friends
Speaking with relatives the ARs were told that they are always made to feel welcome and they can have refreshments.
8.4 Internal physical environment
8.4.1 Décor, Lighting, heating, furnishing & floor coverings
The furniture looked in good condition and appeared comfortable. Elaine told us that the new conservatory was well used but that they were still looking for the best way of arranging furniture in the new quiet lounge. We gave her advice re seeking funding for new furniture to assist in the redesign.
8.4.2 Freshness, cleanliness/hygiene & cross infection measures
The premises smelt fresh and there were hand sanitisers around the rooms.
8.4.3 Suitability of design to meet needs of residents
The ARs felt that although the premises were clean the carpets all being the same colour and everywhere looking similar was not dementia friendly. The internal environment was pleasant but not dementia friendly. There was no distinction between bedroom doors and the bedroom doors. Also the floor coverings were the same colour as the corridor. There were no aids around the toilets. The corridors could have dementia friendly wall furniture to encourage interaction. The new conservatory has increased living space and allowed residents to fully enjoy the garden.
8.5 Staff support skills & interaction
8.5.1 Staff appearance/presentation
There was a display of staff members' photographs in the hallway so that visitors could identify who was on duty. This appeared up to date. We were told that 5 care assistants and 2 nurses were present each shift
8.5.2 Affording dignity and respect/Approach to care giving
Residents looked to be well cared for. Staff were seen to interact well with residents and to treat them with respect. Staff seemed to know the residents well and were able to laugh and joke with them. The rooms we saw looked personalised and well maintained. Staff spoke with one visiting relative who was very happy with the service. His mother had been admitted from hospital. He told me "Mum is smiling now", after having been unhappy at a previous home. "She really enjoys herself." "The staff themselves are excellent." He said his mum was now a "completely different person." He told me the staff were responsive and the nutrition is fine - she has gained weight. She is now talking to people. She saw a chiropodist a couple of days ago. "Any staff, if you bring anything up, they know Mum. They work as a team" He said he was "more than happy" with the care she was getting.
8.5.3 Effective communications – alternative systems and accessible information

There were systems in place to assist the hard of hearing and large print reading material.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

Residents looked neat clean and tidy they looked cared for and this reflected in the pleasant relationship earlier observed with staff.

8.6.2 Nutrition/mealtimes and hydration

Comment from family member of a resident "the staff were responsive and the nutrition is fine - she has gained weight."

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

There is sufficient space for wheel chair users and other residents in the lounge and corridor areas.

8.7 Social, emotional and cultural welfare

8.7. 1 Personalisation & personal possessions

The resident's rooms are being decorated and this is on a rolling programme. They can have personal items within their rooms.

8.7.2 Choice, control & identity

There are resident/family meetings although they are not well attended

8.7.3 Feeling safe and able to raise concerns/complaints

As well as the meetings there is an open door policy for family/carers and friends and there is also a complaints process in place, this is welcomed as it assists in providing a better service.

8.7.4 Structured and unstructured activities/stimulation

The activities coordinator left around two months ago - October? So far there is no replacement. However, staff do activities with the residents for example one part time member does nails on Mondays. They work in small groups or 1:1. We observed two gentlemen with a member of staff colouring in appropriate pictures for the Christmas season. We noted good rapport between staff and residents. There have been no trips out this year. They do have regular visits from the Sunshine Singers, and have also been visited by Zoo at Home. Active Minds, who provide dementia friendly activities, are in touch with the home every three months. They encourage visitors to bring their dogs to visit. A hairdresser, who also works at the home as a part time cleaner, visits the home to work with residents. They have visits from chiropodists and opticians and have contact with the local church. At the moment there is no involvement with the local community. Staff use local history books to encourage reminiscence although there is no organised reminiscence activity.

8.7.5 Cultural, religious/spiritual needs

Not evidenced

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment
There is a large garden and this was seen to be maintained in a tidy manner. There is a full-time maintenance man who is also the gardener.
9. Observations
9.1 Elements of observed/reported good practice
9.2 Other observations/findings of note applicable
10. Comparisons
10.1 Comparisons of observations against providers website
Not evidenced.
10.2 Comparisons with previous Healthwatch visit(s) where applicable
No previously subjected to visit
11. Recommendations
1. Enquire of the local schools whether they can encourage some involvement. Perhaps children would like to sing for residents or create some art work for them? 2. Are there any local groups that might get involved such as scouts or W.I. maybe some gardening could be encouraged? 3. The photo frames on the door could be improved and provided to all residents as this helps residents and is nice for visitors. 4. The home could be made more dementia friendly by changing colour schemes and by adding some tactile interactive things such as door knockers or bunches of keys along the corridors for those that like to walk around. 5. A new activities coordinator needs to be found who can source more dementia friendly activities and trips. 6. Reminiscence sessions could be planned by using props such as old money, stamps, toys to encourage discussion. There is often help with this to be found at the local library.

Feedback from Provider of Service
To be completed prior to publication from comments received from feedback form.