Enter and View Report
Overdene Care Home

Care Home Contact Details:
Overdene Care Home
St John Street
Winsford
CW7 1HJ

Date of Visit: 3rd June 2019
Time of Visit: 10:30 am

Healthwatch Cheshire Authorised Representatives:
Janet Lomas and Susan Faragher
Staff Present: Cath Burns 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, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

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1. Description & Nature of Service
Details of home. **Latest CQC Report** – The premises were subject to CQC inspection and assessed as Good in April 2019. **Additional:** The website information describes the home as 'comfortable with specially designed furnishings, home cooked food and kindness.' The Authorised Representatives looked for these during the visit. There are 57 residents with capacity for 65. Compatibility is assessed prior to any admission to ensure that the home can meet the needs of the individual and maintain the atmosphere. People with challenging behaviour are not accepted. There are over 50 staff with registered nurses, care team leaders, nursing assistants, care staff to name but a few of the positions held. Website information: The service has its own website indicating the services and accommodation available. It is clear and easy to use and also has information regarding complaint process.
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

We were met by Anna the Administrator, Cath Burns Manager and Sandy Deputy Manager. We sat with staff in the café area, were provided with a drink and explained our role for the visit. The atmosphere was very open and friendly. We were able to speak with any staff member present.

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

No letter from Healthwatch was received so they were not aware of our pending visit. Leaflets were given out and explanations to staff given:

- Good atmosphere and environment
- Well-presented information within the home
- Good staff to resident ratio. 57 residents and 52 paid staff.

8. Detailed Findings

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

Overdene Care Home is situated within easy reach of Winsford Town Centre. It is signposted from the nearby roads and there is a large sign at the side of the

property. Signs for reception were also present. There was sufficient car parking available on the day of the visit. The exterior of the building is neat and tidy with seating/benches, flowers and shrubs in well maintained borders. We were told that the home had won a prize in the Company's best garden competition last year and it is their intention to enter and win again this year.

Road leading to the home:

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

Initial impression was one of quiet and calm surroundings when we entered the site and the home. It is bright, airy, very tidy and a welcoming reception with all the appropriate, mandatory and corporate information on display in the main entrance and reception area. Home achievements also displayed. There is an electronic feedback box that everyone can use to record their visit or comments. This was not working on the day of the visit and was awaiting repair.

8.3 Facilities for and involvement with family/friends

We were informed that family and friends are most welcome to visit at any time of the day and evening. The noticeboard in reception advertised information, feedback scores and events for visitors and families. The recent CQC inspection report from the April visit was also on display for all to see. A

summer garden event/open day is due to be held on 26 July 2019. There is a noticeboard in reception full of thank you cards from people and families that have used the service. On the website there are reviews that are mainly very positive and it was good to see a response to one review where there was a concern raised and that the home had listened to what was said. Relatives meetings are held regularly and the Managers door was said to be open at any time if there was anything amiss.

8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing &floor coverings

All public areas that we visited were all furnished to a high standard with seating of different styles, coordinating décor in light fresh colours. Corridors had plenty of lights on and the temperature of the rooms on the day of the visit seemed appropriate. There were plenty of pictures, soft furnishings, clocks and noticeboards on each floor.

8.4.2 Freshness, cleanliness/hygiene &cross infection measures

The home appeared very neat, tidy, clean and no odious smells. Hand gel dispensers were evident throughout the building. Most staff wore uniforms with names and logos of the company.
We spent time talking to a domestic who informed us that they have been working at the home over 15 years in total and they were pleased that we had noticed how clean and tidy everywhere appeared to be. They informed us that there is a 'resident of the day scheme' in place and this entails a deep clean of their room including carpets and furnishings.
The design of the building gives opportunities for the residents and staff to use different sections for different activities. Bev's café area near reception is used by the families as well with tea making facilities available, as well as books/reading materials. There is a large dining room and lounge area adjoining that can be accessed by 2 different doors.
A game of 'Play your Cards Right' was taking place on the morning of the visit which residents were enjoying. Residents could sit and watch or go elsewhere if they wished. There are garden areas and courtyards all around the buildings with open doors leading outside. The gardens are secure as several residents are subject to DOLS.
There are still areas in need of décor – ceiling panels, a shower room wall/floor in need of refurb. The manager informed us that monies had been made available in order to upgrade the building, facilities and furnishings.
There is a lift between floors as well as stairs and an evacuation chair was seen in the stairwell.
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8.4.3 Suitability of design to meet needs of residents

The bedrooms are of differing sizes and not all are ensuite. One resident reported that her request to move to an ensuite was met when a suitable room became available.

8.5 Staff support skills & interaction

We noted residents, staff and visitors being spoken to in a respectful manner.

8.5.1 Staff appearance/presentation

Staff presented as neat, tidy, most in uniforms with name badges and logo on tops.

8.5.2 Affording dignity and respect/Approach to care giving

We saw during the visit residents being treated with kindness and respect. A relative told us that her husband 'was treated with dignity and respect at all times'. Some bedrooms have ensuite facilities but the rest have nearby toilet, shower and bath facilities on each floor, these are clearly marked with signs on doors.

8.5.3 Effective communications – alternative systems and accessible information

During the visit we noted that there was a calm atmosphere, lots of smiles and chatting between residents, staff and relatives. Staff were carrying out activities and their care duties. Meetings were being held about care and an expected meeting about an alternative placement for someone was due to take place today.
Overdene provides care to people over the age of 65 years. Care is specifically tailored to this age group with physical disabilities, dementia symptoms and good end of life care is said to be very important. It was noted that one resident had chosen to have her breakfast in her room, she said she 'goes to the dining room for her lunch but liked a later breakfast and her afternoon tea in her room'. The activities board on each floor was handwritten for all to see. A calendar chart was evident in conservatory. Several clocks and date of the month ornaments were on sideboards.

8.6 Physical Welfare

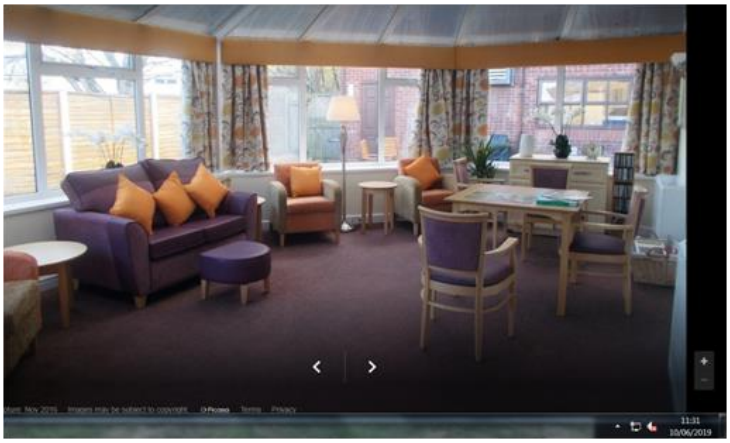
8.6.1 Appearance, dress &hygiene

All residents seen today appeared to be clean, tidy and dressed appropriately. We were invited into 2 resident's bedrooms both of which were clean, tidy, personalised with pictures, belongings, flowers, ornaments. All rooms have hospital beds to prevent back injuries. Hoists were seen to be available. No rooms had ceiling track hoists. GP support is provided by 3 surgeries in Winsford with District Nurses, OTs, Physios, Speech and Language Therapists (SALT), Diabetes Nurses. All laundry is done onsite, a housekeeper Sue is responsible and has systems in place for the collection of laundry, washing and the returning of clothes to the right person.

8.6.2 Nutrition/mealtimes and hydration

All meals are cooked onsite with food sourced locally. Linda the Chef and her staff provide a 4 week rolling menu planner which is altered seasonally. If a resident has assessed nutritional dietary needs then this is catered for eg coeliac, diabetes, vegetarian. All residents have a nutrition and hydration plan in place. If a resident does not want the planned menu then there is always something else available. Linda bakes cakes, scones, biscuits for afternoon teas. A cooked breakfast is on offer should anyone like this. Both dining rooms have fully set tables with cutlery, place mats, napkins and tablecloths. A menu card for the day is usually available but not seen during our visit today. We were told that residents can have family to stay over if

they are poorly or for end of life care. Comfy chairs are provided in the resident's rooms. Some rooms are larger than others but all appear comfortable, light and airy.



All outside areas are accessible for those residents with walking aids/wheelchairs with raised flower beds and seating available.

8.7 Social, emotional and cultural welfare

8.7.1 Personalisation &personal possessions

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8.7.2 Choice, control &identity

We heard several times during the visit the use of the word 'choice' re food, clothing, activities, eating in room or eating in dining room etc. The building is accessed by keypad, a camera is on the front door and several residents are subject to a DOLS for safety reasons.

8.7.3 Feeling safe and able to raise concerns/complaints

A family member visiting said they would feel able to speak to the Manager at any time if there were any concerns about their relative. The Manager spoke about dealing with issues and reporting to Safeguarding if need be. The Red Bag Scheme is in place and has been used successfully with everything sent to the hospital and safety returned. All rooms have call bells if needed.

8.7.4 Structured and unstructured activities/stimulation

A planned activities board is on display in downstairs reception area with a shortened version upstairs. A wide range of activities take place. There are currently 4 members of staff responsible for activities including Anna (Administrator) 2 days a week, Jackie and Alyssa. Activities range over 7 days a week. Activities include: trips out, events at the home, a family day recently held was said to be a great success. Bingo, quizzes, card games, reading the company newsletter, church 'tea and chat', Boccia at the leisure centre, tea at the Dingle Centre and interaction with the local school. It is hoped to develop more community involvement this year.

Religious representatives are invited to the home to meet the needs of any resident as and when requested. The home has regular visits from a cat and dog which are loved by the residents, both cat and dog know where and who to go to for treats! Residents are asked what 3 things they would like to do or take part in and these are put on the Wish Tree in the dining room – a large mural with leaves added to it. The staff look at how their wishes can be granted with the activities, trips out etc. Karaoke is a big favourite at the moment. 'Namaste' is an activity that is carried out with some residents upstairs. The includes sensory, hand massage, music, aromatherapy, lighting. Notes are made as to how the resident reacted, what was tried and what worked well.

8.7.5 Cultural, religious/spiritual needs

As above in activities.

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

As above.

9. Observations

9.1 Elements of observed/reported good practice

HC one advocate kindness as one of their values. There are signs, posters and cards everywhere with quotes about kindness and what it means. We were told that it is a good place to work and that it is a good team. A relative told us that it is a lively atmosphere with people chatting and including her in the care of her relative. Food is mentioned on the website and we knew it was nearing lunchtime by the lovely smells from the kitchen – homemade chicken and tarragon pie or a vegetarian casserole. We were invited to stay. Relatives are welcome to stay with residents at mealtimes for a nominal £1 which goes to the Alzheimers charity.

Community involvement opportunities being developed.

Development of the Wish Tree to identify activities that the residents would like.

Presence in the community – church, Dingle Centre, links with schools.
'Namaste' approach for some residents with dementia.
Activities 7 days a week and one to one opportunities for individuals
End of life care and training reported to be excellent.

9.2 Other observations/findings of note applicable

On website – recent inspection April 2019 – Report published 29 May 2019
Previous 'needed improvement' 2018 – worked hard to get it to 'good' in 2019, they are very proud of this achievement – they want a banner at their garden party in July.

10. Comparisons

10.1 Comparisons of observations against providers website

The website reflects the findings of this report.

10.2 Comparisons with previous Healthwatch visit(s) where applicable

Healthwatch previously visited in July 2017.

11. Recommendations

-Revisit the website advertising what's happening at the home, past, present and future
-Repair feedback box in reception (consider alternatives in the interim)
-Look at ways to capture memories of events for residents with photo board individual photos/keepsakes, memory boxes etc
-To consider the provision of a programmed sewing machine specific for the name labelling/embroidering residents clothes – may save time in the long run.

Additional

Staff reported several training opportunities including
- Touchstone – 'E' learning
- End of Life care
- Dementia care
- MCA + DOLS
- Moving &Handling onsite with hoists
- Care Certificate
- Supervision
- Palliative care/links with St Lukes Hospice

Feedback from Provider of Service

To be completed prior to publication from comments received from feedback form.

Were you happy with the arrangements/requests prior to the visit?

We didn’t receive any but that wasn’t a problem at all.
Nice people explained what was happening.
Respected resident privacy and that the staff were busy.
Thank you what a lovely report and I will take the recommendation on board.