healthwatch Cheshire West

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# Enter and View Report
## Westwood Court

Care Home Contact Details
Westwood Court
Well Lane
Winsford
CW7 1HZ
Tel: 01606 594786

Date of Visit: 18th July 2019
Time of Visit: 10am

Healthwatch Cheshire Authorised Representatives:
Janet Lomas, Bev Morton, Amy Morton

Staff Present: Jince George (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 the home:**

The web 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.

Taken from carehomeuk: **Type of Service:** Care Home with nursing – Privately Owned, Registered for a maximum of 56 Service Users

**Registered Care Categories*:** Dementia • Mental Health Condition • Old Age

**Specialist Care Categories:** Alzheimer's • Bipolar/Manic Depression • Cancer Care • Challenging Behaviour • Epilepsy • Head/Brain Injury • Hearing Impairment • Huntington's Disease • Multiple Sclerosis • Parkinson's Disease • Schizophrenia • Speech Impairment • Visual Impairment

**Admission Information:** Ages 18+.

**Languages Spoken by Staff (other than English):** German, French, Italian, Polish

**Single Rooms:** 56

**Rooms with en-suite WC:** 32

**Facilities & Services:** Palliative Care • Day Care • Respite Care • Physiotherapy • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Lift •

Wheelchair access • Gardens for residents • Residents Kitchenette • Television point in own room

**Latest CQC Report** – The premises were re-registered in February 2019 and as such have not been subject to a visit/inspection from CQC.
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 the complaints 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 the 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

The Authorised Representatives (ARs) were shown around Westwood Court by the Manager. Both units were visited. Downstairs caters for people who have dementia and upstairs caters for people with enduring mental health conditions predominantly. The Manager gave an introduction to the service, it's background, changes in providers, staffing and the developments that have taken place in order to provide a quality service.

## 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**

A spacious, light and recently decorated internal environment with individually decorated bedrooms chosen by the occupant. A large outdoor space that offers opportunities for social events, gardening, growing plants in the greenhouse, tool shed activities and a pets' corner. An emphasis on activities for all residents outside of the home whenever possible, and provision of in-house activities for all residents by 2 designated activity coordinators and care staff.

**8. Detailed Findings**

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

Westwood Court has signage at the main entrance which includes name of the property, the care group provider and reception entrance. There was sufficient parking on the day of the visit. A fire assembly point was also advertised. The external appearance is good.

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

Initial impressions on entering the home was one of quiet, clean, neat and no clutter. We were met at the door by Aaron and asked if we would like a drink. A signing in book was available as well as a full and varied noticeboard of information and notices for visitors. In the reception area there were folders with photos and information that is available for everyone to read. There is seating in the reception area and fire notices.

**8.3 Facilities for and involvement with family/friends**

Family and friends are welcome to visit at any time. We met with one relative who comes regularly to visit, they spoke highly of the care and attention given to their relative and spoke of the open day held recently and how good it was 'a gorgeous day'. The relative said they had attended a relatives' meeting in the past but the timing wasn't always convenient, they also told us about the 'great interaction' their relatives had with Darcy and Gail the activity coordinators.

**8.4 Internal physical environment**

**8.4.1 Décor, Lighting, heating, furnishing & floor coverings**

There has been a programme of decorating that has recently been completed. There are coloured door frames downstairs to denote bedrooms, these aid residents to find their own rooms as well as having a name and number on the doors. The flooring is neutral as this is less confusing. Art work/murals for the wall's downstairs are currently being looked into. It is not appropriate for removable wall art, pictures etc, due to safety reasons. There is good lighting and it feels light, airy and open when walking around. There are tables, seating

and television in the main unit areas. We saw a room which doubles as a lounge and a Snoezelen room on certain days. The bedrooms we saw all looked clean, tidy and individual with their own soft furnishings, pictures and treasures as appropriate. Some of the bedrooms still have carpet but this is gradually being changed over to laminate.

Lounge area

**Snoezelen** or controlled multisensory environment (MSE) is a therapy for people with autism and other developmental disabilities, dementia or brain injury. It consists of placing the person in a soothing and stimulating environment, called the "**Snoezelen** room".

**8.4.2 Freshness, cleanliness/hygiene & cross infection measures**

A domestic was on duty during the visit and we noticed a well-stocked trolley. Personal Protection Equipment (PPE) was seen in the main unit areas. Hand gel dispensers were seen at doorways entering and leaving each unit. There were no odious smells anywhere in the building.

**8.4.3 Suitability of the design to meet needs of residents**

Not all bedrooms have en-suite but this was not seen as a problem. Some residents would be at risk with toilet/sink/shower (water) available in their rooms. There are toilets and bathrooms on each corridor denoted by yellow signage and door frames. There are large outdoor spaces and gardens outside which are secure. This provides opportunities for several activities to take place. There is a small lounge upstairs that is a designated smoking room for the residents who wish to smoke.

**8.5 Staff support skills & interaction**

**8.5.1 Staff appearance/presentation**

Staff we met were all neat, tidy and dressed appropriately for their duties. Some staff wore jackets as displayed on the notice board, each denotes their role. Not everyone had a name badge on display. Staff we talked to spoke about care and compassion, a person-centred approach to the care plans for everyone, at least 2 activities a day.

**8.5.2 Affording dignity and respect/Approach to care giving**

All staff undergo training on the care giving for people with dementia and enduring mental health needs. There are numerous training opportunities for staff including NVQ levels 2 and 3, care certificate and other modules. Nursing and Social Work. Students are placed at the home as part of their training.

Some care staff have gone on to do their nurse training. Training includes equality and diversity, fire, moving and handling.

**8.5.3 Effective communications – alternative systems and accessible information**

There are differences in the way information is given and displayed between the 2 units with relatively easy to read and pictorial prompts on the dementia care unit downstairs, this includes the activities that are taking place in house on each unit, what's on the menu for that day and any events taking place.

**8.6 Physical Welfare**

**8.6.1 Appearance, dress & hygiene**

Residents that were seen during the visit all appeared tidy, clean and dressed appropriately for the weather.

**8.6.2 Nutrition/ mealtimes and hydration**

Dining room

All meals are prepared and cooked onsite. There is a 4-week rolling menu that is displayed and each day the meal choices are put on the menu information board. Families can join their relatives for a meal if they wish.

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

All residents are registered with a GP, this tends to be Dene Drive or Launceston Close surgeries but residents can remain with a GP of their own choosing. Chiropody, Dental, Dietician, Ophthalmology and Physio services are referred to as required. A Chiropodist visits every 6 weeks. There are mobility aids evident. There is a drinking water machine in main reception. Special dietary needs are assessed by the nursing staff and the catering staff to ensure that the requests are met. If a resident doesn't want what is on offer then they can have alternatives. A drinks trolley was evident downstairs and upstairs the residents can make their own drinks in the unit kitchen. Some simple meals can be prepared which can be part of a person's care plan to develop skills. Birthday cakes, buffets and BBQs also take place.

**8.7 Social, emotional and cultural welfare**

**8.7. 1 Personalisation & personal possessions**

Evidence of personalisation and personal possessions was seen with the individually decorated bedrooms along with their belongings, pictures and ornaments. Care plans are reported to be person centred and these include the activities that the individuals want to participate in.

**8.7.2 Choice, control & identity**

Some of the residents are subject to a Deprivation of Liberty Safeguard (DOLS). The doors to the home are key coded and the gardens are secure for safety reasons. All residents are requested to have a DOLS application on admission but not everyone has one in place. The home doesn't have any residents under a section of the Mental Health Act. Residents have choice with room décor, activities, meals and clothing. Two residents got married after developing a relationship that was assessed, supported and facilitated. The appropriate safeguards were carried out and everyone was pleased with the outcome. Pets are allowed and there is a cat and a parrot in residence.

**8.7.3 Feeling safe and able to raise concerns/complaints**

The relative we spoke with during the visit said they would feel comfortable to discuss any issues with the manager at any time. There is a regular meeting that relatives can attend. We didn't see any information upstairs for the residents that would tell them how to report a concern etc.

**8.7.4 Structured and unstructured activities/stimulation**

Garden area

A lot of emphasis and effort goes into a comprehensive programme of activities on and off the unit and in the community. All activities undertaken are recorded. There are 2 activity coordinators, Gail and Darcy as well as the unit staff who also do activities, singing, bingo, quizzes, relaxation, shopping, trips out to local events, seaside, city centres and shows all take place. Local taxi firms provide the transport preferable to any provision of their own transport. Outside there is lots of space, garden and seating areas for the residents to enjoy. There is a tool ('men in shed's') shed as well as a greenhouse and growing beds. Family and friends are welcome to activities that are held at the home and a weekly entertainer comes into sing and shows are put on. A recent garden party event was held with everyone participating. Pet's corner was a hit with the younger ones.

**8.7.5 Cultural, religious/spiritual needs**

Spiritual needs are met by the local churches, St Andrews and St Chads. Tea and chat are held at one church for residents to attend.

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

The garden area is extensive and the opportunity for many varied activities, including a pet's corner with a rabbit and a guinea pig. We didn't see any one outside during the visit but were informed that residents do use the tool-shed, the greenhouse and do grow things. Outside furniture seemed in a good state of repair and although garden needed a tidy up and grass cutting it wasn't too bad.

## 9. Observations

### 9.1 Elements observed / reported good practice

•Clean, airy, light establishment.
•Activities were taking place during the visit, people singing, colouring out shopping, listening to music and poetry reading.
•Readily available information in reception for visitors and families.
•Information displayed for the residents both upstairs and downstairs.
•Dedicated activity coordinators.
•Standard of decoration and rooms very good.

### 9.2 Other observations / findings of note applicable

A yearly survey takes place and results displayed in reception. The survey for 2019 is due to take place. There are thank you cards within the units.

## 10. Comparisons

### 10.1 Comparisons of observations against the providers website

There is a clear and concise website that provides the necessary information. There are testimonials available but these are for all the homes with the provider group. It is not possible to filter specifically for Westwood Court.

### 10.2 Comparisons with previous Healthwatch visit (s) where applicable

Last visited September 2015 no issues.

## 11. Recommendations

- **Name badges**– to wear badges in line with policy.
- **Garden**– consider different garden areas to include: lights, sensory, edible, colour, water features, and sounds.
- **Reception notice board**– to consider font size of information on the board and who the audience is.

**Feedback**:

- Consider a separate notice board for your feedback information and how to give feedback.
- Results of surveys and 'you said – we did' etc.
- Provide forms to capture views.
- Advertise this year's survey.
- Highlight residents/relatives' meetings and feedback processes.
- Highlight feedback from Healthwatch, CQC and thank you cards.

**Additional**

A resident we spoke to told us that they had been unkempt and overweight. Since being at this home they have lost weight and have come on in "leaps and bounds". They are reminded to take their medication. They have a shower daily and a visit from the hairdresser every week. Nails are done on a Wednesday.

They said that their confidence is building and they enjoy the days out and the shopping trips.

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| They report that they feel safe and secure at the home. The staff are really friendly and helpful and understand them now. |

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